Workers' Compensation Information System

California EDI Implementation Guide

Version 1.2

May, 2000

CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS
STEVE SMITH, DIRECTOR

DIVISION OF WORKERS' COMPENSATION

Although this Implementation Guide includes the WCIS authorizing statutes (Section D) and the implementing regulations (Section E), the remaining sections of the Guide are not regulations; instructions contained in these sections should not be considered mandatory or required by law. These sections are meant to either explain the technical design and functionality of the WCIS system or suggest options (such as testing) for trading partners to ensure that they will be able to report valid, complete, and accurate data by the reporting deadlines.

STATE OF CALIFORNIA GRAY DAVIS, *Governor*

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October 15, 1999

Dear Claims Administrators:

Welcome to Electronic Data Interchange. The California Division of Workers' Compensation is pleased to introduce its system for receiving workers' compensation claims data via EDI. This data will be integrated with other data to make up our Workers' Compensation Information System, which will become a rich resource for analyzing the performance of California's workers' compensation system.

This manual, the *California EDI Implementation Guide*, is intended to be a primary resource for the organizations that will become the Division's "trading partners" – claims administrators for California workers' compensation claims.

Some organizations already have substantial experience with EDI, and transmit data to workers' compensation agencies in many states. For them, this *Implementation Guide* can serve as a reference for California-specific protocols. While we have adhered to national EDI standards, California's implementation does have minor differences from other states'.

The *Implementation Guide* also includes background information for organizations new to EDI. If your organization is just getting started, the "Overview of EDI" and the "Managers' Guide" are for you. You will also find numerous valuable resource materials.

This *Implementation Guide* will remain under development for some time. As both the Division and our EDI trading partners gain experience with California's EDI system, updates to the *Guide* will be posted on our Web site at www.dir.ca.gov/dwc/wcis.htm.

We truly hope that the start-up of EDI data reporting in California can be as smooth and as painless as possible, both for the Division and for our EDI trading partners. We are dedicated to full, open communication as a cornerstone of a successful start-up process, and this Implementation Guide is a key element of that communication.

Sincerely,

RICHARD P. GANNON
Administrative Director

Acknowledgements

This Implementation Guide was developed by the Research Unit, California Division of Workers' Compensation: Lisa Dasinger, Bill Ponicki, Melissa Cliatt, Benigno Diaz, Bonnie Cromartie, Marisa Pereira, Rosanna Choy, Yery Berger, and Jim Bellows, Research Manager. Jeff Snow and others at Celerity Technologies provided exhaustive technical advice, helping us clarify our EDI specifications.

We are grateful to the insightful project managers – Neil Maizlish and Linda Rudolph – who provided the original direction for California's Workers' Compensation Information System, and to the many other states – including Texas, Florida, and Kentucky – that granted us permission to reproduce material from their own implementation guides. We appreciate the support we received from Claimport (formerly Unicom Communication), especially in preparation of system test data.

We are especially grateful for the inspiration, dedication, and good humor provided by the late Harvey Shlasky, Senior Technical Lead during the early development of California's EDI system. He developed the architecture for our EDI processing system and the WCIS database, and deserves credit for whatever level of success the system enjoys. The rest of us are responsible for any shortcomings.

Worker's Compensation Information System

CALIFORNIA EDI IMPLEMENTATION GUIDE

Version 1.2

May 2000

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Revision History –
Summary of Principal Changes from Previous Versions

Version 1.2

Section A: Updated information on paper reporting requirements to Division of Labor Statistics and Research during production phase.

Section B: Added description of WCIS e·News, the WCIS email newsletter.

Section C: Added information on obtaining from the IAIABC a license to use the EDI transaction standards for transmitting data to a state.

Section E: Added copy of letter from Department of Industrial Relations stating that fulfilling the requirements of the WCIS regulations regarding transmission of First Reports satisfies the obligation to send paper Employer's Reports (Form 5020) to DLSR. Added DLSR regulations pertinent to the filing of first reports.

Section F: Email address of State updated in Section D of Trading Partner Profile Form.

Section G: Information on paper reporting requirements to DLSR during production phase updated. Submission requirement of paper Doctor's First Report (Form 5021) to WCIS during piloting phase changed to optional. Added that ANSI Trading Partners receive 997 Functional Acknowledgment in addition to 824 Detailed Acknowledgment. References to Section I – Transmission Modes added for e-mail and web site Trading Partners. Statements that web site users be able to receive e-mail acknowledgments removed. Piloting procedures clarified.

Section H: Modified to indicate that the ANSI X12 file format for First and Subsequent Reports of Injury Release 2 will be accepted as soon as an implementation guide has been approved by *either* ANSI or IAIABC. Updated WCIS schedule of Supported Transactions.

Section I: Clarified fact that the Division of Workers' Compensation will not pay VAN charges for either incoming or outgoing EDI transmissions. Added specific steps on how to send data as an e-mail attachment or through our website.

Section J: Added new EDI service providers to listing.

Section K: Added Release 1 Subsequent Report table.

Section L: Added Release 1 Subsequent Report table of required data elements and updated data requirements.

Section M: Planned edit on Claim Administrator Claim Number (DN15) removed.

Section N: Deleted reference to CO being preceded by an error message. Also deleted paragraph stating that claims administrators can only update First Report Data elements. Added Benefit Processing Rules and clarified sequencing rules for First and Subsequent Reports. Fixed matching rules table to indicate that

Jurisdiction Claim Number must currently be provided on MTC=01, 02, CO, and all subsequent reports. Clarified description of when secondary match data are used.

Section O: Added footnote to table of Employee Mailing Country Codes. Added code 99 – whole body – to Part of Body code list.

Section P: Added information on obtaining from the IAIABC a license to use the EDI transaction standards for transmitting data to a state.

Section Q: Added section on EDI Terminology.

Version 1.1

Sections A and C: Includes minor updates to reflect final regulations.

Section E: Contains updated WCIS regulations, as approved by the California Office of Administrative Law on October 6, 1999.

Section F: Includes a new subsection on who needs to complete the Trading Partner Profile form.

Section G: Introductory paragraph added. Updated to reflect current regulations.

Section J: Includes updated list of EDI service providers.

Section K: Specifies which Maintenance Type Codes are not accepted by WCIS.

Section L: Minor updates to data element requirements and conditional statements.

Section N: Updated “Matching Rules and Processes” table, and revised explanation in “Changed or Corrected Data”.

Section O: Removed code lists for Application Acknowledgement Code, Denial Reason Code, and Employment Status Code.

Version 1.02

Reporting deadlines have been revised throughout to match new timeline in proposed regulations dated June 22, 1999.

Section G: Test, pilot, production process has been revised to provide simpler and more efficient movement through early phases of testing.

Section H: WCIS support for Release 2 file formats has been changed, reflecting recent IAIABC approval of an ANSI X12 format for First and Subsequent Reports of Injury, Release 2.

Version 1.01

Includes revised regulations, removing from the current rulemaking the requirements to submit Medical Bill/Payment Reports.

References to medical reporting requirements are eliminated from throughout the current implementation materials.

Version 1.00

The version previous to 1.00 was not numbered, but was released in February, 1999. Version 1.00 includes substantial modifications throughout. The most significant of these are:

WCIS support for all Maintenance Type Codes has been added.

A schedule has been added indicating what file formats (Release 1, Release 2, flat-file, ANSI X12) will be supported and when.

Test, pilot, and production process has been specified.

California-specific data edits have been specified.

Matching rules and processes have been specified.

Transaction sequencing requirements have been specified.

Processing of acquired claims transactions has been specified.

Lists of valid codes have been added.

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EDI – Electronic Data Interchange

Electronic Data Interchange (EDI) is the computer-to-computer exchange of data or information in a standardized format. In workers' compensation, EDI refers to the electronic transmission of claims information from Claims Administrators (insurers, self-administered self-insured employers, and third party administrators) to a State Workers' Compensation Agency.

Data are transmitted in a format standardized by the International Association of Industrial Accident Boards and Commissions (IAIABC). The IAIABC is a professional association of workers' compensation specialists from the public and private sectors and has spearheaded the introduction of EDI in workers' compensation. (For further details, see Section P – IAIABC Information.) All data elements to be collected are reviewed for a valid business need, and definitions and formats are standardized.

EDI is in use in workers' compensation nationwide. Currently, over twenty states and more than 25 insurance companies and claims administrators are routinely transmitting data by EDI. Several states have established legal mandates to report data by EDI, including Iowa, Kentucky, New Mexico, South Carolina, and Texas.

Benefits of EDI within Workers' Compensation

- **Allows state agencies to respond to policy makers' questions regarding their state programs**

  EDI allows states to evaluate the effectiveness and efficiency of their workers' compensation system by providing comprehensive and readily accessible information on all claims. This information can then be made available to state policy makers considering any changes to the system.

- **Avoids costs in paper handling**

  EDI reduces costs in the processing of paper documents for the claims administrator and the jurisdiction: mail processing costs, duplicated data entry costs, and shipping, filing, and storage costs.

- **Increases data quality**

  EDI has built-in data quality checking procedures that are triggered when data are received by the state agency. Many claims administrators also choose to replicate these data-checking procedures on their in-house systems to reduce the costly data-correction efforts that result when erroneous data are passed among the parties to a claim.

- **Simplifies reporting requirements for multi-state insurers**

  EDI helps Claims Administrators cut costs by having a single system for internal data management and reporting.

California's WCIS – the Workers' Compensation Information System

History

The California Legislature enacted sweeping reforms to California's workers' compensation system in 1993. The reform legislation was preceded by a vigorous debate among representatives of injured workers, their employers, insurance companies, and medical providers. All parties agreed that changes were due, but they could not reach agreement on the nature of the problems to be corrected nor on the likely impact of alternative reform proposals. One barrier to well-informed debate was the absence of comprehensive, impartial information about the performance of California's workers' compensation system.

Foreseeing that debate about the strengths and weaknesses of the system would continue, the Legislature directed the Division of Workers' Compensation to put together comprehensive information about workers' compensation in California. The result is the WCIS – the Workers' Compensation Information System. The WCIS has been in development since 1995, and its design has been shaped by a broad-based advisory committee. The WCIS has four main objectives:

- help DWC manage the workers' comp system efficiently and effectively,
- facilitate the evaluation of the benefit delivery system,
- assist in measuring benefit adequacy, and
- provide statistical data for further research.

Components of the WCIS

The WCIS encompasses three major components. The core of the system will be standard data on every California workers' compensation claim. Much of this data has historically been collected in paper form: employers' and physicians' first reports of injury, benefit notices, and the like. Beginning in 2000, standard data will be transmitted to the WCIS by EDI. These EDI transmissions are the main subject of this Guide. EDI will make it feasible to compile and analyze the reports, and to understand the information they contain.

The WCIS will also use information from DWC's existing case tracking system. DWC has extensive computerized files on adjudicated cases and on claims that have been submitted for disability evaluation or for review of vocational rehabilitation plans. This information will be linked with EDI data to help shed light on the differences between adjudicated and non-adjudicated cases.

Finally, WCIS will conduct periodic surveys of a sample of injured workers, their employers, and medical providers. These surveys will supplement the standard data, and allow WCIS to address a wide variety of policy questions.

California EDI Requirements

California's WCIS regulations define EDI reporting requirements for claims administrators. A claims administrator is an insurer, a self-insured employer, or a third-party administrator.

In brief, Claims Administrators will be required to submit the following:

First Reports: First Reports of Injury must be submitted by EDI beginning March 1, 2000. (A variance till January 1, 2001 may be granted by the Administrative Director under specified conditions.) First Reports must be transmitted to WCIS no later than 5 days after knowledge of the claim.

Subsequent Reports: Subsequent Reports (benefit notices) must be submitted by EDI beginning July 1, 2000. (A variance till January 1, 2001 may be granted by the Administrative Director under specified conditions.) Subsequent reports are submitted within 10 business days whenever benefit payments to an employee are started, changed, suspended, restarted, stopped, delayed or denied or when a claim is closed or reopened or upon notification of employee representation.

Medical Bill/Payment Reports: Current regulations do not require the submission of Medical Bill/Payment Reports. WCIS anticipates the addition of Medical Bill/Payment Reports as soon as the IAIABC has finalized their Medical Bill/Payment Report Implementation Guide.

Annual Summary of Benefits: An Annual Summary of Benefits must be submitted for every claim with any benefit activity (including medical) during the preceding year, beginning January 31, 2001.

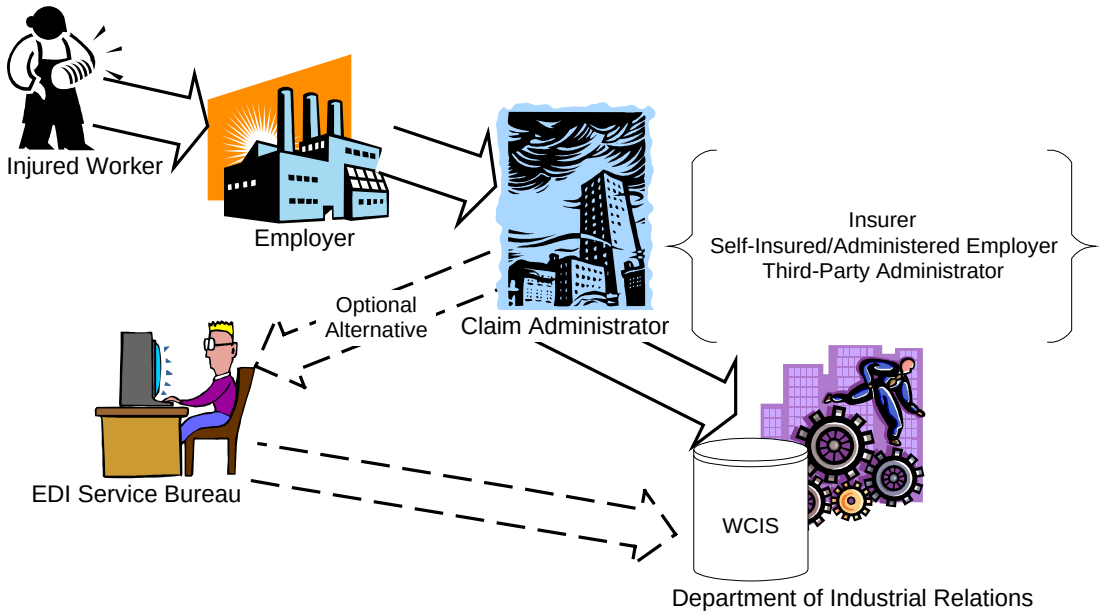
See also Section E – WCIS Regulations, which includes the full regulations along with a more-detailed summary.

Sending Data to the WCIS

Workers' compensation claims are handled by diverse organizations: large multi-state insurance companies, smaller specialty insurance carriers, self-insured employers, and third-party administrators handling claims on behalf of self-insured employers. These organizations certainly have widely differing information systems and differing capabilities, so the WCIS has been designed to be as flexible as possible in the varieties of EDI it can support.

Three options are available for transmitting data from claim administrators to the WCIS: via the Internet as secure e-mail attachments, via commercially-owned Value Added Networks, or directly into the WCIS through data entry screens on the World Wide Web. The WCIS is also flexible in supporting two different file formats, known as ANSI X12 and "flat-file" formats. These options are described more fully in Section H – File Formats and Supported Transactions and Section I – Transmission Modes.

Claim administrators that wish to avoid the details of EDI can choose among several firms that sell EDI-related software products, consulting, and related services. These are described in Section J –EDI Service Providers.



Four Stages of EDI - From Testing to Production

Attaining full production EDI reporting is a four stage process. Each stage of the process is described in more detail in Section G – Test, Pilot, and Production Phases of EDI.

Stage One: EDI Trading Partner Profile

The claims administrator first provides an EDI Trading Partner Profile to the Division at least 30 (thirty) days before its first submission of EDI data. The Trading Partner Profile form is provided in Section F. The Trading Partner Profile is used to prepare WCIS for your data transmission: what file format to expect, where to send an acknowledgement, when you plan to transmit reports, and similar information.

Stage Two: Testing

The claims administrator next runs a preliminary test by transmitting a test file to ensure that the WCIS system can read and interpret the data. The claims administrator has passed the test when minimum technical requirements are met: WCIS recognizes the sender, the file format is correct, and the claims administrator can receive electronic acknowledgements from WCIS.

Stage Three: Pilot

After a test file is successfully transmitted, the claims administrator transmits real claims data, in pilot status. During the pilot, the claims administrator's submissions are analyzed for data completeness, validity, and accuracy. The claims administrator submits reports both by EDI and in hard copy during the pilot. DWC uses these parallel reports to conduct a comparison study. The claims administrator should meet minimum data quality requirements in order to complete the pilot stage. The pilot process should be repeated each time the claims administrator is ready to move into a new transaction type (i.e., First Report, Subsequent Report).

Stage Four: Production

During production, data transmissions will be monitored for completeness, validity, and accuracy. Each Trading Partner will be routinely sent reports describing their data quality. Those in production status for EDI First Reports will no longer be required to send paper copies of the Employer's Report (Form 5020) to DIR's Division of Labor Statistics and Research (DLSR). However, at this time, the Doctor's First Report (Form 5021) will still need to be sent to DLSR even after production status for EDI First Reports has been granted.

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Where to Get Help – Contacting WCIS and Other Information Resources

Starting up a new EDI system isn't simple. It requires detailed technical information, as well as close cooperation between the organizations that send data – in this case you, the Trading Partner – and the organization that receives data – us, the California Division of Workers' Compensation (DWC).

The following is a list of resources available to you for information and assistance.

California Division of Workers' Compensation

Our Web Site

Visit our web site – http://www.dir.ca.gov/dwc/wcis.htm – to:

- Download the latest version of the *California EDI Implementation Guide*
- Get answers to *Frequently Asked Questions*
- Get other current information, such as how to write a variance request
- Review archived *WCIS e·News* letters

Your WCIS Contact Person

Each WCIS Trading Partner will be assigned an individual WCIS Contact Person at DWC. This person will help answer your questions about EDI in California workers' comp, work with you during the test-pilot-production process, and be an ongoing source of support during production.

Your WCIS Contact Person can be reached by phone, e-mail, or USPS. When initially contacting us, be sure to provide your company name so that you may be directed to the appropriate person on our WCIS staff.

By phone: (415) 703-4600

By fax: (415) 703-4718

By e-mail: wcis@dir.ca.gov

By USPS: WCIS Research Unit
Attn: Name of WCIS Contact (if known)
Department of Industrial Relations
Division of Workers' Compensation
PO Box 420603
San Francisco, CA 94142-0603

WCIS e·News

WCIS e·News is an email newsletter sent out periodically to inform WCIS Trading Partners of announcements and technical implementations. The *WCIS e·News* will be archived on the WCIS web site. Interested parties who are not already receiving *WCIS e·News* can register at the WCIS website to be added to the *WCIS e·News* mailing list.

EDI Service Providers

Several companies can assist you in your efforts to report data via EDI. A range of products and services are available, including:

- software that works with your organization's computer systems to transmit data automatically,
- systems consulting, to help get your computer systems EDI-ready, and
- data transcription services, which accept paper forms, keypunch the data, and transmit the data via EDI.

See Section J – EDI Service Providers for a list of companies known to DWC that provide these services.

Users' Groups

Some organizations may find it useful to communicate with others who are transmitting data via EDI to the California Workers' Compensation Information System. Information about users' groups will be posted on our web site.

IAIABC

The International Association of Industrial Accident Boards and Commissions (IAIABC) is the organization that sets the national standards for the transmission of workers' compensation claims data via EDI. The IAIABC publishes these standards in their *EDI Implementation Guides*.

For more information about the IAIABC and how to purchase the EDI Implementation Guides, see Section P – IAIABC Information, and/or visit the IAIABC web site at: www.iaiabc.org.

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1. Get to know the basic requirements.

Starting up a new EDI system can be a complex endeavor. Make sure you understand all that is required *before* investing resources. Otherwise you may end up with a collection of piecemeal fixes rather than a comprehensive solution.

This *California EDI Implementation Guide* has much of the information needed to implement EDI in California. As more information becomes available it will be posted on our Web site:

www.dir.ca.gov/dwc/wcis.htm

2. Assign responsibilities for implementing EDI.

Some organizations put an Information Systems (IS) manager in charge. Others designate a Claims manager. Implementing EDI will affect both your information systems and the flow of claims information through your business processes, so it may be most effective to have Claims and Information Systems collaborate on the project.

Regardless of who is assigned primary responsibility, make sure that both Claims and Information Systems maintain continual oversight as your solution is designed and implemented.

Many organizations find that implementing EDI highlights the importance of data quality. Addressing data quality problems may require adjustments in your overall business processes. Your EDI implementation team will need access to someone with authority to make these adjustments if they are needed.

3. Decide whether to contract with an EDI service provider.

Formatting electronic records and transmitting them by EDI generally requires some specialized automated routines. Programming a complete EDI system also requires in-depth knowledge of EDI standards and protocols.

Some organizations choose to develop these routines in-house, especially if they have an IS department that is familiar with EDI or that is efficient in bringing new technology on-line. Make a realistic assessment of your organization's capabilities in these areas.

Other organizations choose to contract with vendors for dedicated EDI software or services. Typically, an EDI vendor's products interface with your organization's data to produce EDI transactions in the required formats. The benefit is that no one in your organization has to learn all the intricacies of EDI – the service provider takes care of file formats, record layouts, and many other details that may seem foreign to your organization. Some EDI vendors can also provide full-service consulting – helping you

update your entire data management process to ready it for electronic commerce.

Some EDI vendors are listed in Section J – EDI Service Providers.

4. If your organization will not use an EDI service provider, choose a file format and transmission mode for your data.

Contracting with an EDI service provider would relieve your organization of the detailed mechanics of EDI – such as file formats and transmission modes – but if you decide to develop your own system you will have some important decisions to make. These will determine the scope and difficulty of the programming work.

Probably the most important decision is what file format you will put your data into, before sending it to WCIS. This is really two separate decisions: whether to use the original "Release 1" IAIABC protocols or the updated – and more complex – "Release 2" protocols. A related decision is whether your data will be packaged as "flat files" or as "ANSI X12 files." More information on these choices is provided in Section H – File Formats and Supported Transactions. In general, Release 1 flat files are easiest to get up and running quickly. Release 2 flat files are more complex. ANSI X12 may be a wise investment in long-run flexibility and compatibility.

Information about these file formats can be found in the *EDI Implementation Guides for First and Subsequent Reports, Release 1 and Release 2*, published by the IAIABC. These guides are nearly essential if you will be programming your own EDI system. Buying an *Implementation Guide* will also secure a "review license" for using the IAIABC standards.

You will also need to choose a transmission mode from the three that WCIS supports: commercial Value Added Networks, data files transmitted by secure Internet e-mail attachment, and manual data entry into our data entry forms on the World Wide Web. (The Web forms are really suitable only for small-volume data providers.) See Section I – Transmission Modes for further information.

5. Make sure your computer systems contain all the required data.

You'll have a hard time submitting data by EDI if the data are not readily accessible on your systems. Give your IS department a copy of Section L – Required Data Elements. Have them indicate which ones are readily accessible, which are available but accessible only with difficulty, and which are not even captured at this time.

If all are available and readily accessible, then you are in great shape. If not, your Claims and Information Systems departments will need to develop and implement a plan for capturing, storing, and accessing the necessary data.

6. Decide whether to implement a comprehensive EDI system or to start with a minimal system to meet the initial requirements only.

California's EDI requirements go into effect in three phases. The first phase includes only EDI transmission of First Reports of Injury, beginning in March 2000. The second phase adds Subsequent Reports (benefit notices) and some additional data elements for the First Reports, beginning in July 2000. A final requirement, an annual summary of payments on each active claim, does not go into effect until January 2001.

Many organizations will find that Implementing EDI is simplest for the First Reports, and most challenging for the Subsequent Reports. A key difference is that a First Report occurs only once in the life of a typical claim, while Subsequent Reports may be needed many times for some claims (for example, when an injured worker experiences several periods of disability) but not at all for others.

Focusing first on EDI transmission of First Reports may provide your organization a good training opportunity, before it tackles the challenges of the more complex reports.

On the negative side, implementing the various reports sequentially may be inefficient. If your organization puts together a simple system for transmitting First Reports, it may not be able to support the more complex demands of Subsequent Reports. When the time arrives for filing these more complex reports you may then need to install a second, more sophisticated system, resulting in unnecessary duplication of effort and a higher overall project cost.

7. Determine whether you will need to apply for a variance (delay).

Establish a rough time frame for beginning your first EDI transmissions. You will need a variance if you are unable to transmit data by March 1, 2000. If granted, a variance will allow you to delay, until January 1, 2001, your first EDI transmissions.

8. Figure out who will handle error messages sent by WCIS.

Your organization will receive "error messages" from WCIS if you transmit data that cannot be interpreted or do not meet the regulatory requirements to provide complete, valid, accurate data.

Some glitches are inevitable. You'll need a system for forwarding any error messages to people who can respond as necessary.

Establish a procedure for responding to error messages before you begin transmitting data by EDI. Otherwise your organization may find itself unprepared for the inevitable.

Typically errors related to technical problems may be aggravating when a system is new, but they quickly become rare. Error messages related to data quality and completeness are harder to correct, and you can expect them to present an ongoing workload that must be managed.

9. Decide whether your organization could benefit by adding "data edits."

Data you transmit to the WCIS will be subjected to "edit rules" to assure that the data are valid and that they are consistent with data reported previously for a particular claim. (For example, one edit rule would reject an injury date of February 31. Another rule would reject a benefit notice if a First Report had not been filed previously.) These edit rules are detailed in Section L – Required Data Elements, Section M – California-Specific Data Edits, and Section N – System Specifications. Data that violate these edit rules will cause transmissions to be rejected or will be returned with error messages.

Correcting erroneous data often requires going to the original source, perhaps the applicant or the policyholder. In some organizations the data pass through many hands before it is transmitted to WCIS. For example, the injury type and cause may be reported first by the applicant, then go through the employer, a claims reporting center, a data entry clerk, a claims adjuster, and an Information Systems department. Any error messages would typically be passed through the same hands in the opposite direction.

An alternative is to install in your system – as close as possible to the original source of data – data edits that match the WCIS edit rules. As an example, consider a claims reporting center in which claims data are entered directly into a computer system, and the system has data edits in place. Most data errors could be caught and corrected while the employer was still on the phone. This eliminates the expense of passing bad data from hand to hand and back again.

10. Install any software and communications services you will need.

Once your system is planned you can begin purchasing and/or developing any software your system will need, and lining up any needed services.

Most systems will need at least the following:

- software (or other means) to identify events that trigger required reports,
- software (or other means) to gather required data elements from your databases,
- software (or other means) to format the data into an approved EDI file format,
- an Internet e-mail account to transmit EDI reports via e-mail attachment, or a connection to the World Wide Web to enter data directly via the WCIS Web pages, or a Value Added Network account to transmit the data via commercial network, and
- an Internet e-mail account or a Value Added Network account to receive acknowledgements and error messages from WCIS.

Some organizations – especially those that handle few California claims – may wish to contract for EDI services rather than handle EDI in-house. EDI service providers can provide all the services listed above, see Section J – EDI Service Providers.

11. Test your system internally.

Not every system works perfectly the very first time. Make sure your system gets thoroughly tested before you begin reporting data to WCIS. Catching any bugs internally will spare you the blizzard of error messages that a faulty system can cause.

Include in your internal tests some complex test cases as well as simple ones. For example, challenge your system with claims that feature multiple episodes of disability and partial return to work.

Fix any identified problems before you try transmitting EDI data to WCIS. Don't bother sending us faulty data; the WCIS data management system is quite good at finding and highlighting any errors.

12. Move through the Test and Pilot stages, to reach the Production stage of EDI transmission.

Complete an EDI Trading Partner Profile (see Section F). The Profile is used to prepare WCIS for your data transmission: what file format to expect; where to send your acknowledgements; when you plan to transmit reports, and similar information.

Once you have completed a successful test, and verified that your transmissions match our technical specifications, then you will be ready to enter the pilot stage. During the pilot, a sample of your EDI transmissions will be compared with the paper reports and will also be tested against the WCIS data validation rules.

Upon your successful completion of the pilot, the Division will issue you a written determination that you have demonstrated capability to transmit complete, valid, accurate data. You will then be authorized to move into the production stage – routinely transmitting your data via EDI.

IAIABC – the organization that "owns" and maintains the EDI standards for workers' compensation – requires that you obtain a "production license" before you transmit production data. For further information, contact the IAIABC (see contact information in Appendix P).

13. Evaluate the efficiency of your EDI system, and consider future refinements.

Many organizations find that implementing EDI brings unexpected benefits. For example, EDI may provide an opportunity to address long-standing data quality problems.

Arrange a review session after your system has been running for a few months. Users will be able to suggest opportunities for future refinements. Managers from departments not directly affected may also be interested in participating, because EDI will eventually affect many business processes in workers' compensation.

Please let us know if you have any comments on this Manager's Guide.

We can't anticipate every challenge you may face in implementing EDI data reporting. If you have ideas for adding to this Guide – or otherwise changing it – let us know. Send us an e-mail, addressed to wcis@dir.ca.gov.

Section D
Authorizing Statutes – Labor Code §138.6, 138.7

L.C. §138.6.
Development of workers' compensation information system . D-2

L.C. §138.7.
"Individually identifiable information"; restricted access. D-3

L.C. §138.6.
Development of workers' compensation information system

(a) The administrative director, in consultation with the Insurance Commissioner and the Workers' Compensation Insurance Rating Bureau, shall develop a cost-efficient workers' compensation information system, which shall be administered by the division. The administrative director shall adopt regulations specifying the data elements to be collected by electronic data interchange.

(b) The information system shall do the following:

(1) Assist the department to manage the workers' compensation system in an effective and efficient manner.

(2) Facilitate the evaluation of the efficiency and effectiveness of the benefit delivery system.

(3) Assist in measuring how adequately the system indemnifies injured workers and their dependents.

(4) Provide statistical data for research into specific aspects of the workers' compensation program.

(c) The data collected electronically shall be compatible with the Electronic Data Interchange System of the International Association of Industrial Accident Boards and Commissions. The director shall issue a report on the development of the system, and recommendations for any necessary legislative action, no later than July 1, 1995, and shall, upon request, make the report available to the Governor, the Legislature, and the public.

L.C. §138.7.
"Individually identifiable information"; restricted access.

(a) Except as expressly permitted in subdivision (b), a person or public or private entity not a party to a claim for workers' compensation benefits may not obtain individually identifiable information obtained or maintained by the division on that claim. For purposes of this section, "individually identifiable information" means any data concerning an injury or claim that is linked to a uniquely identifiable employee, employer, claims administrator, or any other person or entity.

(b) (1) The administrative director, or a statistical agent designated by the administrative director, may use individually identifiable information for purposes of creating and maintaining the workers' compensation information system as specified in Section 138.6.

(2) The State Department of Health Services may use individually identifiable information for purposes of establishing and maintaining a program on occupational health and occupational disease prevention as specified in Section 105175 of the Health and Safety Code.

(3) Individually identifiable information may be used by the Division of Workers' Compensation, the Division of Occupational Safety and Health, and the Division of Labor Statistics and Research as necessary to carry out their duties. The administrative director shall adopt regulations governing the access to the information described in this subdivision by these divisions. Any regulations adopted pursuant to this subdivision shall set forth the specific uses for which this information may be obtained.

(4) The administrative director shall adopt regulations allowing reasonable access to individually identifiable information by other persons or public or private entities for the purpose of bona fide statistical research. This research shall not divulge individually identifiable information concerning a particular employee, employer, claims administrator, or any other person or entity. The regulations adopted pursuant to this paragraph shall include provisions guaranteeing the confidentiality of individually identifiable information.

(5) This section shall not operate to exempt from disclosure any information that is considered to be a public record pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) contained in an individual's file once an application for adjudication has been filed pursuant to Section 5501.5.

However, individually identifiable information shall not be provided to any person or public or private entity who is not a party to the claim unless that person identifies himself or herself or that public or private

entity identifies itself and states the reason for making the request. The administrative director may require the person or public or private entity making the request to produce information to verify that the name and address of the requester is valid and correct. If the purpose of the request is related to pre-employment screening, the administrative director shall notify the person about whom the information is requested that the information was provided and shall include the following in 12-point type:

"IT MAY BE A VIOLATION OF FEDERAL AND STATE LAW TO DISCRIMINATE AGAINST A JOB APPLICANT BECAUSE THE APPLICANT HAS FILED A CLAIM FOR WORKERS' COMPENSATION BENEFITS."

Any residence address is confidential and shall not be disclosed to any person or public or private entity except to a party to the claim, a law enforcement agency, an office of a district attorney, any person for a journalistic purpose, or other governmental agency.

Nothing in this paragraph shall be construed to prohibit the use of individually identifiable information for purposes of identifying bona fide lien claimants.

(c) Except as provided in subdivision (b), individually identifiable information obtained by the division is privileged and is not subject to subpoena in a civil proceeding unless, after reasonable notice to the division and a hearing, a court determines that the public interest and the intent of this section will not be jeopardized by disclosure of the information. This section shall not operate to restrict access to information by any law enforcement agency or district attorney's office or to limit admissibility of that information in a criminal proceeding.

(d) It shall be unlawful for any person who has received individually identifiable information from the division pursuant to this section to provide that information to any person who is not entitled to it under this section.

Section E
WCIS Regulations – 8 CCR §9701-9704

Summary of WCIS Regulations E-2

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Summary of WCIS Regulations

8 CCR §9701-9704

The following summary is intended as a guide to the WCIS regulations, but it does not replace them. Refer to the regulations themselves to confirm the precise legal requirements.

9701. Definitions

Defines key terms: claim, claims administrator, data element, EDI, EDI Implementation Guides, indemnity benefits, individually identifiable information, IAIABC, EDI Trading Partner Profile, and WCIS.

9702. Electronic Data Reporting

(a) EDI Reporting. Each claims administrator must submit specified data by EDI. The data must be complete, valid, and accurate. A claims administrator is an insurer, a self-insured self-administered employer, or a third-party administrator.

(1)-(4) Variances. The Administrative Director may grant a claims administrator a variance, which would delay EDI reporting until January 1, 2001. The variance could cover all reporting or could be limited to specific data elements. A variance requires a documented showing of "undue hardship" and a plan ensuring full compliance by the end of the variance period. By the end of the variance period, the claims administrator must submit all data subject to the variance, except those data not known to the claims administrator or not captured on the claims administrator's electronic data systems.

(b) First Reports of Injury. Each claims administrator must submit a First Report of Injury for every claim. The report must be submitted within 5 days of knowledge of the claim, beginning March 1, 2000. The EDI report must include specific data elements. (These data elements correspond closely to those found on California Form 5020, the Employer's Report of Occupational Injury or Illness, but some additional data are also included.) The initial report must include any data known to the claims administrator, and any missing data must be forwarded within 60 days.

(c) Data Linkage. All transmissions following the First Report must include specific identifying information.

(d) Subsequent Reports. Each claims administrator must submit a subsequent report for each claim whenever benefit payments are started, changed, suspended, or denied, or other specified claims events occur. Reports must be submitted within 10 business days, beginning July 1, 2000, and must include specified data elements (similar to those on Benefit Notices).

(e) Medical Payment Reports. Reserved for future subsection requiring the submission of medical bill/payment reports, after future rulemaking and the issuance by the IAIABC of a final EDI implementation guide for medical bill/payment reports.

(f) Timely Updating. Claims administrators must update previously submitted data elements if they become aware of errors or changes.

(g) Annual Benefit Summary. Each claims administrator must submit a summary of all benefits paid, by benefit category, for each claim active during the previous calendar year. These summaries must be submitted by January 31, beginning in 2001, and must include specified data elements.

(h) EDI Satisfies Other Reporting Requirements. Reporting data by EDI satisfies a claims administrator's obligation to submit paper copies of Benefit Notices, upon determination by the Administrative Director that the claims administrator is capable of providing complete, valid, and accurate data.

(i) Use of WCIS Data. Data submitted to WCIS is not admissible in any third-party personal injury or wrongful death action.

(j) EDI Trading Partner Profile. Each claims administrator must provide an EDI Trading Partner Profile at least 30 days before the first EDI submission and must update the information as needed.

9703. Access To Individually Identifiable Information

DWC can release information that does not include individual identifiers. Access to individually identifiable information is restricted. DWC and other state agencies may use the individually identifiable information as specified. Other entities can use the individually identifiable information only for statistical research, as specified.

9704. WCIS Advisory Committee

DWC must maintain a WCIS Advisory Committee that meets at least annually.

WCIS Regulations

Chapter 4.5
Division of Workers' Compensation
Subchapter 1
Administrative Director-Administrative Rules

Article 1.1
Workers' Compensation Information System

9700. Authority

This article is adopted to implement the Workers' Compensation Information System mandated by Sections 138.6 and 138.7 of the Labor Code.

Authority: Sections 133, 138.6 and 138.7, Labor Code.

Reference: Section 138.6, 138.7, Labor Code.

9701. Definitions

The following definitions apply in this article:

(a) Claim. An injury as defined in Division 4 of the Labor Code, occurring on or after March 1, 2000, that has resulted in the receipt of one or more of the following by a claims administrator:

(1) Employer's Report of Occupational Injury or Illness, as required by Title 8, California Code of Regulations §§ 14004-14005.

(2) Doctor's First Report of Occupational Injury or Illness, as required by Title 8, California Code of Regulations §§ 14006-14007.

(3) Application for Adjudication filed with the Workers' Compensation Appeals Board under Labor Code § 5500 and Title 8, California Code of Regulations § 10408.

(4) Any information indicating that the injury requires medical treatment by a physician as defined in Labor Code § 3209.3.

(b) Claims Administrator. A self-administered insurer providing security for the payment of compensation required by Divisions 4 and 4.5 of the Labor Code, a self-administered self-insured employer, or a third-party claims administrator for a self-insured employer, insurer, legally uninsured employer, or joint powers authority.

(c) Data Elements. Information identified by data number (DN) and defined in the dictionary of the EDI Implementation Guide, Release 1, or the EDI Implementation Guide, Release 2. Data elements set forth in Section 9702 must be transmitted on all claims, where applicable, as indicated in Section 9702. The data elements set forth in the EDI Implementation Guides that are not enumerated in Section 9702 are optional and may, but need not be, submitted on any or all claims.

(d) Electronic Data Interchange. ("EDI"). A computer to computer exchange of data or information in a standardized format acceptable to the Administrative Director.

(e) EDI Implementation Guide, Release 1. EDI Implementation Guide for First, Subsequent, Acknowledgment Detail, Header & Trailer Records, Release I, issued August 9, 1995, by the International Association of Industrial Accident Boards and Commissions. Sections 4, 5, 6, and the Appendix of EDI Implementation Guide, Release 1, are hereby incorporated by reference.

(f) EDI Implementation Guide, Release 2. EDI Implementation Guide for First, Subsequent, Acknowledgment Detail, Header & Trailer Records, Release 2, issued November 30, 1998, by the International Association of Industrial Accident Boards and Commissions. Sections 4, 5, 6, and the Appendix of EDI Implementation Guide, Release 2, are hereby incorporated by reference.

(g) EDI Trading Partner Profile. The form, required to be completed by the claims administrator, which sets forth the conditions under which the trading of data elements is to take place. The EDI Trading Partner Profile [Form DWC WCIS TP01 (Revised 4/99), entitled "Electronic Data Interchange Trading Partner Profile"], is hereby incorporated by reference.

(h) Reserved for future rulemaking upon issuance of the EDI Medical Bill/Payment Report Implementation Guide by the International Association of Industrial Accident Boards and Commissions.

(i) Indemnity Benefits. Payments conferred, including those made by settlement, for any of the following: temporary disability indemnity, permanent disability indemnity, death benefits, vocational rehabilitation maintenance allowance, and employer-paid salary in lieu of compensation.

(j) Individually Identifiable Information. Any data concerning an injury or claim that is linked to a uniquely identifiable employee, employer, claims administrator, or any other person or entity.

(k) Reserved.

(l) International Association of Industrial Accident Boards and Commissions ("IAIABC"). A professional association of workers' compensation specialists, located at 1201 Wakarusa Drive, C-3, Lawrence, Kansas 66049, which is, in addition to other activities, engaged in the production and publication of EDI standards for filing workers' compensation information. Note: IAIABC asserts ownership of such EDI standards which are published in various ways and include Implementation Guides with instructions on their use, technical and business specifications and coding information to permit the transfer of data between regulatory bodies and regulated entities in a uniform and consistent manner. Users of these standards are advised to contact IAIABC regarding any applicable licensing arrangements.

(m) WCIS. The Workers' Compensation Information System established pursuant to sections 138.6 and 138.7 of the Labor Code.

Authority: Sections 133, 138.6, and 138.7, Labor Code.

Reference: Section 138.6 and 138.7, Labor Code.

9702. Electronic Data Reporting

(a) Each claims administrator shall transmit data elements, by electronic data interchange, to the WCIS by the dates specified in this section. Each claims administrator shall, at a minimum, provide complete, valid, accurate data for the data elements set forth in this section. Each transmission of data elements shall include appropriate header and trailer records as set forth in the applicable EDI Implementation Guide.

(1) The Administrative Director, upon request, may grant a claims administrator a variance in reporting all or part of the data elements required pursuant to Subsections (b) and (d) of this section. Any variance granted by the Administrative Director under this subsection shall be set forth in writing. This variance shall be granted upon:

(A) a documented showing that compliance with the reporting deadlines set forth in Subsections (b) and (d) would cause undue hardship to the claims administrator; and

(B) submission of a plan, prior to the applicable deadline set forth in Subsection (b) and (d), documenting the means by which the claims administrator will ensure full compliance with the data reporting by January 1, 2001.

(2) "Undue hardship" means that compliance with the applicable reporting deadline would result in significant difficulty or expense for the claims administrator.

(3) A claims administrator which certifies that the data reporting deadline set forth in subdivision (b) cannot be met because a computer system critical to carry out its mission is not yet capable of sending, receiving, or calculating data that contains dates after December 31, 1999 shall be deemed to have shown undue hardship for the purposes of paragraph (1).

(4) The variance period for reporting data elements under Subsections (b) and (d) will end on December 31, 2000. A claims administrator granted a variance shall submit to the WCIS by January 1, 2001 all data that were required to be submitted under Subsections (b) and (d) during the variance period except for data that were not known to the claims administrator or not captured on the claims administrator's electronic data systems. The data shall be submitted in an electronic format acceptable to the Division.

(b) On and after March 1, 2000, each claims administrator shall submit to the WCIS on each claim, within five business days of knowledge of the claim, each of the following data elements known to the claims administrator:

DATA ELEMENT NAME	DN
MAINTENANCE TYPE CODE	2
MAINTENANCE TYPE CODE DATE	3
JURISDICTION CODE (1)	4
INSURER FEIN	6
INSURER NAME	7
THIRD PARTY ADMINISTRATOR FEIN (2)	8
THIRD PARTY ADMINISTRATOR NAME (2)	9
CLAIM ADMINISTRATOR MAILING PRIMARY ADDRESS (1)	10
CLAIM ADMINISTRATOR MAILING SECONDARYADDRESS (1)	11
CLAIM ADMINISTRATOR MAILING CITY (1)	12
CLAIM ADMINISTRATOR MAILING STATE CODE (1)	13
CLAIM ADMINISTRATOR MAILING POSTAL CODE (1)	14
CLAIM ADMINISTRATOR CLAIM NUMBER	15
EMPLOYER FEIN (3)	16
EMPLOYER NAME	18
EMPLOYER PHYSICAL PRIMARY ADDRESS (1)	19
EMPLOYER PHYSICAL SECONDARY ADDRESS (1)	20
EMPLOYER PHYSICAL CITY (1)	21
EMPLOYER PHYSICAL STATE CODE (1)	22
EMPLOYER PHYSICAL POSTAL CODE (1)	23
SELF INSURED INDICATOR (4)	24
DATE OF INJURY	31
ACCIDENT SITE POSTAL CODE (1)	33
NATURE OF INJURY CODE	35
PART OF BODY INJURED CODE	36
CAUSE OF INJURY CODE	37
ACCIDENT/INJURY DESCRIPTION NARRATIVE (1)	38
DATE EMPLOYER HAD KNOWLEDGE OF THE INJURY (1)	40
DATE CLAIM ADMINISTRATOR HAD KNOWLEDGE OF THE INJURY (1)	41
EMPLOYEE SSN (1) (5)	42
EMPLOYEE LAST NAME	43
EMPLOYEE FIRST NAME	44
EMPLOYEE MIDDLE NAME/INITIAL (1) (5)	45
EMPLOYEE MAILING PRIMARY ADDRESS (1) (5)	46
EMPLOYEE MAILING SECONDARY ADDRESS (1) (5)	47
EMPLOYEE MAILING CITY (1) (5)	48
EMPLOYEE MAILING STATE CODE (1) (5)	49
EMPLOYEE MAILING POSTAL CODE (1) (5)	50
EMPLOYEE PHONE NUMBER (1) (5)	51
EMPLOYEE DATE OF BIRTH	52
EMPLOYEE GENDER CODE (1)	53
EMPLOYEE MARITAL STATUS CODE (1) (6)	54
EMPLOYEE NUMBER OF DEPENDENTS (1) (6)	55
INITIAL DATE DISABILITY BEGAN (1)	56
EMPLOYEE DATE OF DEATH (6)	57
EMPLOYMENT STATUS CODE (5)	58
MANUAL CLASSIFICATION CODE (1) (7)	59
OCCUPATION DESCRIPTION	60
EMPLOYEE DATE OF HIRE (1) (5)	61
AVERAGE WAGE (1) (5)	62
WAGE PERIOD CODE (1) (5)	63

INITIAL DATE LAST DAY WORKED (1)	65
SALARY CONTINUED IN LIEU OF COMPENSATION INDICATOR (1)	67
INITIAL RETURN TO WORK DATE (1)	68
EMPLOYEE MAILING COUNTRY CODE (5) (8)	155
INSURED TYPE CODE (8)	184
CLAIM ADMINISTRATOR FEIN (8)	187
CLAIM ADMINISTRATOR NAME (8)	188
RETURN TO WORK TYPE CODE (8)	189
PHYSICAL RESTRICTIONS INDICATOR (8)	224
EMPLOYER UI NUMBER (3) (8)	329

(1) Release 1 data element name differs.
(2). Release 1 only; not required for claims with a date of injury after July 1, 2000.
(3) EMPLOYER FEIN (DN 16) and EMPLOYER UI NUMBER (DN 329) are substitutable; only one is required.
(4) For Release 1 only; for Release 2 substitute INSURED TYPE CODE (DN 184).
(5) Required only when provided to the claims administrator.
(6) Death Cases Only.
(7) Required for insured claims only; optional for self-insured claims.
(8) For Release 2 only; optional for claims with a date of injury before July 1, 2000.

Data elements omitted under this subsection because they were not known by the claims administrator shall be submitted within sixty (60) days from the date of the first report under this subsection.

(c) Each transmission of data elements listed under (d), (f), or (g) of this section shall also include the following elements for data linkage:

DATA ELEMENT NAME	**DN**
Maintenance Type Code	2
Maintenance Type CODE Date	3
Jurisdiction Claim Number (1) (2)	5
Claim Administrator Claim Number (2)	15
Date of Injury (2)	31
Employee SSN (2)(3)	42

(1) This number will be provided by WCIS upon receipt of the first report.
(2) The Date of Injury (DN 31), Employee SSN (DN 42), and Claim Administrator Claim Number (DN 15) need not be submitted if the Jurisdiction Claim Number (DN 5) accompanies the transmission, except for transmissions required under Subsection (f).
(3) Required only when provided to the claims administrator.

(d) On and after July 1, 2000, each claims administrator shall submit to the WCIS within ten business days the following data elements, whenever indemnity benefits of a particular type and amount are started, changed, suspended, restarted, stopped, delayed, or denied, or when a claim is closed or reopened, or when the claims administrator is notified of a change in employee representation. Submissions under this subsection are required only for claims with a date of injury on or after July 1, 2000, and shall not include data on routine payments made during the course of an uninterrupted period of indemnity benefits.

DATA ELEMENT NAME	DN
EMPLOYMENT STATUS CODE	58
AVERAGE WAGE (1)	62
WAGE PERIOD CODE (1)	63
INITIAL RETURN TO WORK DATE (1)	68
DATE OF MAXIMUM MEDICAL IMPROVEMENT	70
CURRENT RETURN TO WORK DATE (1)	72
CLAIM STATUS CODE (1)	73
DATE CLAIM ADMINISTRATOR NOTIFIED OF EMPLOYEE REPRESENTATION (1)	76
LATE REASON CODE	77
PERMANENT IMPAIRMENT BODY PART CODE (2) (3)	83
PERMANENT IMPAIRMENT PERCENTAGE (1) (3)	84
BENEFIT TYPE CODE (1)	85
BENEFIT TYPE AMOUNT PAID (1)	86
BENEFIT PERIOD START DATE (1)	88
BENEFIT PERIOD THROUGH DATE (1)	89
BENEFIT ADJUSTMENT CODE	92
BENEFIT ADJUSTMENT WEEKLY AMOUNT (1)	93
BENEFIT ADJUSTMENT START DATE	94
BENEFIT ADJUSTMENT END DATE	125
BENEFIT CREDIT CODE	126
BENEFIT CREDIT START DATE	127
BENEFIT CREDIT END DATE	128
BENEFIT CREDIT WEEKLY AMOUNT	129
CURRENT DATE DISABILITY BEGAN	144
CURRENT DATE LAST DAY WORKED	145
DEATH RESULT OF INJURY CODE	146
DENIAL REASON CODE	173
GROSS WEEKLY AMOUNT	174
RETURN TO WORK TYPE CODE	189
OTHER BENEFIT TYPE AMOUNT (4)	215
OTHER BENEFIT TYPE CODE (4)	216
PHYSICAL RESTRICTIONS INDICATOR	224
RETURNED TO WORK WITH SAME EMPLOYER INDICATOR	228
DENIAL EFFECTIVE DATE	240

(1) Release 1 data element name differs.
(2) May use Code 90 (Multiple Body Parts) to reflect combined rating for any/all impairments.
(3) Use actual permanent disability rating at the time of initial payment of permanent disability benefits. For compromise and release cases, use permanent disability estimate as reported to the appropriate rating organization established under Insurance Code § 11750, et seq.
(4) Only for Other Benefit Type Codes 310 (Total Penalties) and 321 (Total Employee Interest).

(e) Reserved for future rulemaking requiring the submission of medical bill/payment reports.

(f) Notwithstanding the requirement in Subsection (b) to submit data elements omitted from the first report within 60 days from the date of

transmission of the first report, when a claims administrator becomes aware of an error or need to update data elements previously transmitted, or learns of information that was previously omitted, the claims administrator shall transmit the corrected, updated or omitted data to WCIS no later than the next submission of data for the affected claim.

(g) No later than January 31 of every year, commencing in 2001, claims administrators shall, for each claim with any payment in any benefit category, including medical, in the previous calendar year, report the total paid in each payment category through the previous calendar year by submitting the following data elements:

DATA ELEMENT NAME	DN
BENEFIT TYPE CODE	85
BENEFIT TYPE AMOUNT PAID	86
OTHER BENEFIT TYPE AMOUNT	215
OTHER BENEFIT TYPE CODE	216

(h) (1) A claims administrator's obligation to submit copies of benefit notices to the Administrative Director pursuant to Labor Code Section 138.4 is satisfied upon determination by the Administrative Director that the claims administrator has demonstrated the capability to submit complete, valid, and accurate data as required under Subsection (d) and continued compliance with that subsection.

(2) Reserved.

(i) The data submitted pursuant to this section shall not have any application to, nor be considered in, nor be admissible into, evidence in any personal injury or wrongful death action, except as between an employee and the employee's employer. Nothing in this subdivision shall be construed to expand access to information held in the WCIS beyond that authorized in section 9703 and Labor Code section 138.7.

(j) Each claims administrator required to submit data under this section shall submit to the Administrative Director an EDI Trading Partner Profile at least thirty days prior to its first transmission of EDI data. Each claims administrator shall advise the Administrative Director of any subsequent changes and/or corrections made to the information provided in the EDI Trading Partner Profile by filing a corrected copy of the EDI Trading Partner Profile with the Administrative Director.

Authority: Sections 133, 138.4, 138.6, and 138.7, Labor Code.

Reference: Section 138.4, 138.6, and 138.7, Labor Code.

9703. Access To Individually Identifiable Information

(a) No person shall have access to individually identifiable data held in the WCIS except as provided in this section and subdivision (c) of section 138.7 of the Labor Code.

(b) The Division of Workers' Compensation may obtain and use individually identifiable information for the following purposes:

(1) To create and maintain the WCIS, including the selection of claims to survey in order to obtain information not available from the data elements provided by claims administrators.

(2) To help select claims administrators for audits under section 129 of the Labor Code.

(3) To report the promptness with which claims administrators make payments.

(4) To electronically import names, addresses, and other information into Division of Workers' Compensation cases files which would otherwise have to be key entered by agency staff.

(c) The following agencies may obtain individually identifiable information from the WCIS, in the manner set forth in a memorandum of understanding between the Administrative Director and the agency, for the purposes specified:

(1) The Division of Occupational Safety and Health may use individually identifiable information to help select employers for health and safety consultations and inspections.

(2) The Division of Labor Statistics and Research may use individually identifiable information to carry out its research and reporting responsibilities under Labor Code sections 150 and 156.

(3) The Department of Health Services may use individually identifiable information to carry out its occupational health and occupational disease prevention responsibilities under section 105175 of the Health and Safety Code.

(d) Individually identifiable information may be provided to other persons or public or private entities for the purpose of bona fide statistical research which does not divulge individually identifiable information concerning any employee, employer, claims administrator, or any other person or entity. Any request for individually identifiable information for this purpose shall include the identity of the requester, the purpose of the research, the methods of research, and the need for individually identifiable WCIS data. The requester shall also submit written approval of the research protocol by an Institutional Review Board, under Title 45, Code of Federal Regulations, Part 46, Subpart A. "Approval" means a determination by the Institutional Review Board that the research protocol was reviewed and provides sufficient safeguards to ensure the confidentiality of individually identifiable information. Any agreement to permit use of the data shall

be in writing between the requester and the Administrative Director. Note: The Division shall make available upon request a list of Institutional Review Boards known to the Division that have the authority to grant the required approval and that expressed willingness to review research proposals under this section.

(e) Each agreement or memorandum of understanding entered concerning the use of individually identifiable information by any agency, entity, or person shall specify the methods to be used to protect the information from unlawful disclosure, and shall include a warning to the receiving party that it is unlawful for any person who has received individually identifiable information from the Division of Workers' Compensation under this section to provide the information to any person who is not entitled to it under this section and Labor Code § 138.7.

(f) Nothing in this section shall be construed to exempt from disclosure any public record contained in an individual's file once an Application for Adjudication has been filed with the Workers' Compensation Appeals Board. This includes any data from an individual's file that are converted to or stored in an electronic format for the purpose of case processing and tracking.

(g) Nothing in this section shall be construed to exempt from disclosure WCIS data in a format that does not contain individually identifiable information.

Authority: Sections 127, 133, 138.4, 138.6, and 138.7, Labor Code.

Reference: Sections 129, 138.4, 138.6, and 138.7, Labor Code.

9704. WCIS Advisory Committee

(a) The Administrative Director shall maintain a Workers' Compensation Information System Advisory Committee, which shall include, but not be limited to, representatives of claims administrators (including self-insured employers, insurers, and third party administrators), insured employers, organized labor, attorneys, physicians as defined in Labor Code § 3209.3, vocational rehabilitation counselors, academic researchers, the Department of Insurance statistical agent, and appropriate legislative committees and state agencies with jurisdiction over workers' compensation, occupational health, and related areas, including the Commission on Health and Safety and Workers' Compensation and the Employment Development Department.

(b) The advisory committee shall meet at least annually on the call of the Administrative Director, and may provide advice on all aspects of WCIS. The Administrative Director, or his or her designee, shall present to the advisory committee any plan to collect survey data, including any expanded collection of the data elements specified in subdivision (d) of section 9702.

Authority: Sections 133, and 138.6, Labor Code.

Reference: Section 138.6 and 138.7, Labor Code.

Letter from DIR regarding electronic filing

February 7, 2000

To: California Workers' Compensation Insurers and Self-Insured Employers

Re: Electronic Filing of the Employer's Report of Occupational Injury or Illness (Form 5020)

Labor Code § 6409.1 and Title 8, California Code of Regulations ("C.C.R.") Section 14001 require that both workers' compensation insurers and self-insured employers file with the Division of Labor Statistics and Research ("DLSR") a complete report of every occupational injury or illness that results in lost time beyond the date of injury or which requires medical treatment beyond first aid. The report must be filed within five days after obtaining knowledge of the injury or illness. Labor Code § 6409.1 (a); 8 C.C.R. § 14001 (d) & (e). 8 C.C.R. § 14001 (c) provides that the mandatory filing shall be made by a photocopy of the Form 5020, the Employer's Report of Occupational Injury or Illness, or "by use of computer input media, prescribed by the Division and compatible with the Division's computer equipment.[1]

Please be advised that DLSR hereby prescribes the Workers' Compensation Information System ("WCIS." See Labor Code § 138.6 and 8 C.C.R. §§ 9700-9704) as the "computer input media" referenced in 8 C.C.R. § 14001 (c). The obligation of an insurer or a self-insured employer to submit a complete report of occupational injury or illness pursuant to Labor Code § 6409.1 and 8 C.C.R. § 14001 is satisfied provided that the insurer or self-insured employer submits data to the WCIS as required under 8 C.C.R. § 9702 (b) and demonstrates capability to submit complete, valid, and accurate data under 8 C.C.R. § 9702 (h)(1). Assuming such data is electronically transmitted to the WCIS in an acceptable manner, claims administrators need not submit paper copies of the Form 5020 to DLSR.

Please note that specific information, or data elements ("DN"), required under 8 C.C.R. § 9702 (b) is not included on the Form 5020. For example, the Form 5020 does not include the employer's or insurer's Federal Employer Identification Number ("FEIN") (DN 6 and DN16). Pursuant to 8 C.C.R. § 14005 (b) and (c),

[1] 8 C.C.R. § 14000 defines "computer input media" as "[t]echniques and means by which information or data can be entered into a computer system. Examples include magnetic tape, diskette, and telecommunications."

which allow insurers and self-insured employers to reproduce a revised Form 5020 to include additional questions, DLSR will approve the inclusion of questions asking for information necessary to comply with 8 C.C.R. § 9702 (b).

Thank you for your anticipated cooperation in this matter. Extensive information about the Workers' Compensation Information System, including a technical description of the prescribed computer input media, can be found on the Department's Web site at www.dir.ca.gov/dwc/wcis.htm. Any inquiries should be made to Division of Workers' Compensation, Research Unit, located at 455 Golden Gate Avenue, 9th Floor, San Francisco, California, 94102. The Research Unit can be contacted by telephone at (415) 703-4600 or by e-mail at wcis@dir.ca.gov.

Sincerely,

Daniel M. Curtin

Chief Deputy Director

Department of Industrial Relations

Additional Regulations Related to Filing Employer's First Reports of Injury

Article 1. Reporting of Occupational Injury or Illness

§14001. Employer.

(a) Every employer shall file a complete report of every occupational injury or occupational illness to each employee which results in lost time beyond the date of such injury or illness or which requires medical treatment beyond first aid, as defined in Labor Code Section 5401(a). As used in this subdivision, "lost time" means absence from work for a full day or shift beyond the date of the injury or illness.

(b) In the event an employer has filed a report of injury or illness pursuant to subdivision 14001(a), and the employee subsequently dies as a result of the reported injury or illness, the employer shall file an amended report indicating such death, within five days after the employer is notified or learns of the death.

(c) The report(s) required by subdivisions 14001(a) and (b) shall be made on Form 5020, Rev. 6, Employer's Report of Occupational Injury or Illness, reproduced in accordance with Section 14005, or **by use of computer input media, prescribed by the Division and compatible with the Division's computer equipment**. However, reports may be submitted on Form 5020, Rev. 5 until June 30, 1993.

(d) In the case of a self-insured employer, the reports required by subdivision 14001(a) and (b) shall be filed directly with the Division within five days after the employer obtains knowledge of the injury, illness or death. In addition, the self-insured employer shall transmit the doctor's report filed in accordance with Section 14003 to the Division within five days of receipt.

(e) In the case of an insured employer, the report required by subdivisions 14001(a) and (b) shall be filed with the insurer within five days after such insured employer obtains knowledge of the injury, illness or death.

§14005. Reproduction of the Employer's Report.

(a) Insurers and self-insured employers shall reproduce Form 5020, Rev. 6, Employer's Report of Occupational Injury or Illness. In reproducing the form, all of the following conditions shall be met:

(1) The title of the reproduced form shall read: State of California Employer's Report of Occupational Injury or Illness. The size of type may be reduced to meet space requirements, but the words "Employer's Report of Occupational Injury or Illness" shall be in bold face type.

(2) The form shall prominently contain filing instructions and the following statement: "Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of

obtaining or denying workers' compensation benefits or payments is guilty of a felony."

(3) The notice block, coding column in the right hand margin, subheadings, spacing, numbering, arrangement, sequence and text of Questions 1 through 37 shall not be altered. However, self-insured employers may eliminate Questions 1A, 2A, 3A, and 14B from reproduced forms and utilize the space to collect other information. Except as otherwise specified in this Section, any other modification to the content or layout of Form 5020, Rev. 6 may be made only with prior approval of a written request to:

DEPARTMENT OF INDUSTRIAL RELATIONS

CHIEF, DIVISION OF LABOR STATISTICS AND RESEARCH

P. O. BOX 420603

SAN FRANCISCO, CA 94142-0603

(4) Reproduced forms shall be printed on 8 1/2" by 11" paper stock.

(b) Insurers, self-insured employers or other persons reproducing Form 5020, Rev. 6 may rearrange the header block to permit imprinting the following:

(1) Name and address of the insurer, self-insured employer or claims administrator;

(2) Instructions for completing and filing the form;

(3) Coding lines or boxes for special use by the insurer, self-insured employer or claims administrator.

(c) The size of the header block may be altered to gain space for additional questions, which may be included at the bottom of the form, following Question 37, provided the proposed form has been reviewed and approved by the Division. The reverse of the form may be used for additional information or questions

Section F
Trading Partner Profile

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Who Should Complete the Trading Partner Profile?

A separate Trading Partner Profile form should be completed for each Sender ID that will be used in EDI transmissions sent to WCIS. The Sender ID, which is composed of the trading partner's "Master FEIN" and physical address postal code (see profile form instructions), must be reported in the header record of every transmission. The Sender ID is used by WCIS to identify communication parameters as specified on the Trading Partner Profile form.

For many organizations, the Claim Administrator FEIN provided on each transaction will always be the same as the Sender ID's Master FEIN. (The Claim Administrator FEIN is a Release 2 element. For Release 1 transactions, WCIS substitutes the Third Party Administrator FEIN, if provided, or the Insurer FEIN if there is no Third Party Administrator.) Other organizations may have multiple Claim Administrator FEINs for their various operating units. If the transactions for these various Claim Administrator FEINs will all share the same transmission specifications, their data can all be sent under the same Sender ID and be represented by a single Trading Partner Profile form.

For example, the information systems department of a single parent organization might wish to send transactions for two subsidiaries batched together within transmissions. In such a case, the parent organization could complete one Trading Partner Profile – providing the Master FEIN for the parent company in the Sender ID – and could then transmit transactions from both subsidiaries, identified by the appropriate Claim Administrator FEIN on each transaction.

The WCIS uses the Claim Administrator FEIN to process individual transactions. Transactions for unknown claim administrators will be rejected by WCIS. For this reason, it is vital for each WCIS Trading Partner Profile to be accompanied by a list of all Claim Administrator FEINs whose data will be reported under a given Sender ID. Since the profile form does not have any place to provide this list, DWC asks that it be submitted on a separate sheet of paper. If such a list is not provided, WCIS will assume that the only Claim Administrator FEIN reportable by that trading partner will be the Master FEIN from the trading partner's Sender ID.

Form DWC WCIS TP01 (Revised 4/99)

State of California
Department of Industrial Relations

DIVISION OF WORKERS' COMPENSATION

ELECTRONIC DATA INTERCHANGE TRADING PARTNER PROFILE

A. Trading Partner Background Information:

Name: _____

Master FEIN: _____

Physical Address: _____
City: _____ State: _____
Zip Code: _____

Mailing Address: _____
City: _____ State: _____
Zip Code: _____

Claims Administrator type (check any that apply):

__ Self Administered Insurer
__ Self Administered, Self-Insurer (employer)
__ Third Party Administrator of insurer
__ Third Party Administrator of self-insurer
__ Service Bureau
__ Other:

B. Trading Partner Contact Information:

Business Contact:	Technical Contact:
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
FAX: _____	FAX: _____
E-mail Address: _____	E-mail Address: _____
_____	_____

Form DWC WCIS TP01 (Revised 4/99)

C. Trading Partner Transmission Specifications:

If submitting more than one profile, please specify:

PROFILE NUMBER (1, 2, etc.): _____
DESCRIPTION: _____

Select Transmission Mode to be used for sending data to DWC (check one):

___ Web Site (Manual data entry only) -- Complete section C1 below.
___ Value Added Network (VAN) -- Complete sections C2 and C3 below.
___ Internet File Transfer -- Complete sections C2 and C4 below.

Section C1: WEB SITE data providers, please complete the following:

Web Site User Name: _____

Web Site Password: _____

E-mail Address for Acknowledgements: _____

Section C2: VAN and INTERNET FILE TRANSFER users, please complete the following:

TRANSACTION SETS FOR THIS PROFILE:

Transaction Type	Mode of Transmission (circle one per row):		Expected Transmission Days of Week (circle any that apply):	Production Response Period
	Flat File Release #	ANSI X12 Version #		
First Reports of Injury			Daily Mon Tues Weds Thurs Fri Sat Sun	
Subsequent Reports of Injury			Daily Mon Tues Weds Thurs Fri Sat Sun	
Medical Bill / Payment Reports			Daily Mon Tues Weds Thurs Fri Sat Sun	

Form DWC WCIS TP01 (Revised 4/99)

Section C3: VAN users, please complete the following:

VAN ELECTRONIC MAILBOX FOR THIS PROFILE:

Network: _____

	TEST	PRODUCTION
Mailbox Acct ID		
User ID		

Section C4: INTERNET FILE TRANSFER users, please complete the following:

User Name: _____

Password: _____

Network IP Address (optional): _____

E-mail Address: _____

DWC USE ONLY – SPECIAL TRANSMISSION SPECIFICATIONS FOR THIS PROFILE:

Form DWC WCIS TP01 (Revised 4/99)

D. Receiver Information (to be completed by DWC):

Name: *California Division of Workers' Compensation*

FEIN: *943160882*

Physical Address: *455 Golden Gate Avenue, 9th Floor*
City: *San Francisco* State: CA Zip Code: *94102 3677*

Mailing Address: *P.O. Box 420603*
City: *San Francisco* State: *CA* Zip Code: *94142 0603*

Business Contact:
Name: *(Varies by trading partner)*
Title: *(Varies by trading partner)*
Phone: *(415) 703-4600*
FAX: *(415) 703-4718*
E-mail Address: *wcis@dir.ca.gov*

Technical Contact:
Name: *(Varies by trading partner)*
Title: *(Varies by trading partner)*
Phone: *(415) 703-4600*
FAX: *(415) 703-4718*
E-mail Address: *wcis@dir.ca.gov*

RECEIVER'S WEB SITE ADDRESS FOR SUBMISSION OF DATA VIA WEB INTERFACE: *(Please contact DWC for this information)*

RECEIVER'S VAN ELECTRONIC MAILBOX(s):

Network: *A.T. & T.*

	TEST	PROD
Mailbox Acct ID	*(N/A)*	*(N/A)*
User ID	*(N/A)*	*(N/A)*

Network: *IBM Global (Advantis)*

	TEST	PROD
Mailbox Acct ID	*DIRW*	*DIRW*
User ID	*DIRWCIS*	*DIRWCIS*

RECEIVER'S NETWORK IP ADDRESS FOR CONNECTING VIA A VIRTUAL PRIVATE NETWORK (VPN): *(Please contact DWC for this information)*

RECEIVER'S E-MAIL ADDRESSES FOR TRANSMISSIONS VIA E-MAIL ATTACHMENT:
TEST: *wcisdata@data.dir.ca.gov*
PRODUCTION: *wcisdata@data.dir.ca.gov*

RECEIVER'S FLAT FILE RECORD DELIMITER: *CR*

RECEIVER'S ANSI X12 TRANSMISSION SPECIFICATIONS:
Segment Terminator: ~ ISA Information: TEST PROD
Data Elements Separator: * Sender/Receiver Qualifier: *ZZ* *ZZ*
Sub-Element Separator: > Sender/Receiver ID: *(Use Master FEINs)*

Form DWC WCIS TP01 (Revised 4/99)

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

Electronic Data Interchange Trading Partner Profile

INSTRUCTIONS FOR COMPLETING TRADING PARTNER PROFILE

Each Claims Administrator will complete parts A, B and C, providing information as it pertains to them. Part D contains receiver information, and will be completed by the Division of Workers' Compensation (DWC).

A. TRADING PARTNER BACKGROUND INFORMATION:

NAME: The name of your business entity corresponding with the Master FEIN.

Master FEIN: The Federal Employer's Identification Number of your business entity. This, along with the 9-position zip code (Zip+4) in the trading partner address field, will be used to identify a unique trading partner.

Physical Address: The street address of the physical location of your business entity. It will represent where materials may be received regarding "this" trading partner agreement if using a delivery service other than the U.S. Postal Service.

City: The city portion of the street address of your business entity.

State: The 2-character standard state abbreviation of the state portion of the street address of your business entity.

Zip Code: The 9-position zip code of the street address of your business entity. This field, along with the Trading Partner FEIN, will be used to uniquely identify a trading partner.

Mailing Address: The mailing address used to receive deliveries via the U. S. Postal Service for your business entity. This should be the mailing address that would be used to receive materials pertaining to "this" trading partner agreement. If this address is the same as the physical address, indicate "Same as above".

Form DWC WCIS TP01 (Revised 4/99)

Claims Administrator Type: Indicate any functions that describe the Claims Administrator. If "other", please specify.

B. TRADING PARTNER CONTACT INFORMATION:

This section provides the ability to identify individuals within your business entity who can be used as contacts. Room has been provided for two contacts: business and technical.

The BUSINESS CONTACT should be the individual most familiar with the overall extract and transmission process within your business entity. He/she may be the project manager, business systems analyst, etc. This individual should be able to track down the answers to any issues that may arise from your trading partner that the technical contact cannot address.

The TECHNICAL CONTACT is the individual that should be contacted if issues regarding the actual transmission process arise. This individual may be a telecommunications specialist, computer operator, etc.

BUSINESS/TECHNICAL CONTACT: Name	The name of the contact.
BUSINESS/TECHNICAL CONTACT: Title	The title of the contact or the role that contact performs.
BUSINESS/TECHNICAL CONTACT: Phone	The telephone number at which that contact can be reached.
BUSINESS/TECHNICAL CONTACT: FAX	If FAX facilities are available, the telephone number of the FAX machine to use for the contact.
BUSINESS/TECHNICAL CONTACT: E-mail	If the contact can be reached via electronic mail, an e-mail address that may be used to send messages to this contact should be provided in this section.

C. TRANSMISSION SPECIFICATIONS:

This section is used to communicate all allowable options for EDI transmissions between the trading partner and DWC.

One profile should be completed for each set of transactions with common transmission requirements. For example, if a trading partner is currently sending production transmissions to DWC via a VAN, but would like to enter test status for sending via Internet file transfer, a second profile can be completed for the Internet option. Although one profile will satisfy most needs, it should be noted that if transmission parameters vary by transaction set IDs, a trading partner could specify those differences by providing more than one profile.

PROFILE ID: A number assigned to uniquely identify a given profile.

PROFILE ID DESCRIPTION: A free-form field used to uniquely identify a given profile between trading partners. This field becomes critical when more than one profile exists between a given pair of trading partners. It is used for reference purposes.

TRANSMISSION MODE: The claims administrator must select one of the following three transmission modes through which the WCIS can accept transactions: manual data entry into the WCIS web site interface (which will generally make sense only for low-volume data providers), EDI transactions sent through a value added network (VAN), or EDI transactions sent as Internet file transfers. Those selecting the WEB SITE option should complete section C1 below. Those selecting the VAN option should complete sections C2 and C3 below. Those selecting the INTERNET FILE TRANSFER option should complete sections C2 and C4 below.

SECTION C1: WEB PROVIDERS ONLY:

WEB SITE USER NAME: Specify a user name, which will identify this authorized claim administrator for access to the data entry screens of the WCIS. User names should be at least 8 characters in length, and may contain letters or numbers (but no spaces or other symbols). If you do not provide a username and/or password, they will be generated by DWC and sent to you.

WEB SITE PASSWORD: Specify a password, which will be used by the WCIS in combination with the user name to prevent data submission by unauthorized parties. Passwords should be at least 8 characters in length, and may contain letters or numbers (but no

spaces or other symbols). If you do not provide a username and/or password, they will be generated by DWC and sent to you.

E-MAIL ADDRESS FOR ACKNOWLEDGEMENTS: Specify an e-mail address to which WCIS can send acknowledgements of reports received via the web site interface.

SECTION C2: VAN and INTERNET FILE TRANSFER PROVIDERS ONLY:

TRANSACTION SETS FOR THIS PROFILE:

This section identifies all the transaction sets/report types described within the profile along with any options that DWC provides to the claims administrator for each transaction set.

TRANSACTION TYPE: Indicates the types of EDI transmissions accepted by DWC.

MODE OF TRANSMISSION: DWC will specify below any FLAT FILE RELEASE #(s) and ANSI X12 VERSION #(s) which can be accepted for a given transaction set by DWC. The claim administrator should select ONE mode of transmission (flat file release # or ANSI X12 version #) from the alternatives specified. NOTE: WCIS will transmit acknowledgements using the acknowledgement format that corresponds to the format of the original transaction.

EXPECTED TRANSMISSION DAYS OF WEEK: Indicate expected transmission timing for each transaction type by circling the applicable day or days. Transmission days of week information will help DWC to forecast WCIS usage during the week. Note that DWC reserves the right to impose restrictions on a trading partner's transmission timing in order to control system utilization.

PRODUCTION RESPONSE PERIOD: DWC will indicate here the maximum period of elapsed time within which a sending trading partner may expect to receive an acknowledgment for a given transaction type.

SECTION C3: VAN PROVIDERS ONLY:

ELECTRONIC MAILBOX FOR THIS PROFILE: If a Value Added Network (VAN) will be used to exchange data, the claims administrator will specify the electronic

mailbox to which data can be transmitted. Separate mailbox information may be provided for transmitting production versus test data.

NETWORK: The name of the value added network service on which the mailbox can be accessed.

NETWORK MAILBOX ACCT ID: The name of the claims administrator's mailbox on the specified VAN.

NETWORK: USER ID: This is the identifier of the claims administrator's entity to the VAN.

SECTION C4: INTERNET FILE TRANSFER PROVIDERS ONLY:

EDI files may be transferred between a claims administrator and DWC by means to be negotiated between the two parties. Possible transmission mechanisms include Virtual Private Networks (VPNs) and Internet e-mail attachments. The following pieces of information will be used to facilitate such file transfers.

USER NAME: Specify a user name, which could be used to identify this authorized claim administrator for access to WCIS server. User names should be at least 8 characters in length, and may contain letters or numbers (but no spaces or other symbols). If you do not provide a username and/or password, they will be generated by DWC and sent to you.

PASSWORD: Specify a password, which will be used by the WCIS in combination with the user name to prevent data file submission by unauthorized parties. Passwords should be at least 8 characters in length, and may contain letters or numbers (but no spaces or other symbols). If you do not provide a username and/or password, they will be generated by DWC and sent to you.

NETWORK IP ADDRESS (optional): Claims administrators with Internet-connected networks may provide the IP (Internet Protocol) address here. This IP address may be used for establishing Virtual Private Network (VPN) connections between the claims administrator and DWC.

E-MAIL ADDRESS: The e-mail address of the claims administrator through which WCIS data would be exchanged with DWC using Internet e-mail attachments (which may also be used to send acknowledgements for EDI transactions sent over a Virtual Private Network).

D. RECEIVER INFORMATION (to be completed by DWC):

This section contains DWC's trading partner information.

Name: The business name of California Division of Workers' Compensation (DWC).

FEIN: The Federal Employer's Identification Number of DWC. This FEIN, combined with the 9-position zip code (Zip+4), uniquely identifies DWC as a trading partner.

Physical Address: The street address of DWC. The 9-position zip code of this street address, combined with the FEIN, uniquely identifies DWC as a trading partner.

Mailing Address: The address DWC uses to receive deliveries via the U.S. Postal Service.

Contact Information: This section identifies individuals at DWC who can be contacted with issues pertaining to this trading partner. The TECHNICAL CONTACT is the individual that should be contacted for issues regarding the actual transmission process. The BUSINESS CONTACT can address non-technical issues regarding the WCIS.

RECEIVER'S WEB SITE ADDRESS FOR SUBMISSION OF DATA VIA WEB SITE INTERFACE: This is the Internet web site through which a claim administrator can access WCIS for the purpose of manually entering claims information.

RECEIVER'S VAN ELECTRONIC MAILBOXES: This section specifies DWC's Value Added Network (VAN) mailboxes, which claims administrators can use to transmit EDI transactions to DWC. Separate mailbox information may be provided for receiving production versus test data.

NETWORK: The name of the VAN service on which the DWC's mailbox can be accessed.

NETWORK MAILBOX ACCT ID: The name of the DWC mailbox on the specified VAN.

NETWORK: USER ID: This is the identifier of the DWC's entity to the VAN.

Form DWC WCIS TP01 (Revised 4/99)

RECEIVER'S NETWORK IP ADDRESS FOR CONNECTING VIA A VIRTUAL PRIVATE NETWORK (VPN): If claims administrators are provided the option of sending EDI transmissions to WCIS using a Virtual Private Network, DWC will provide the appropriate network IP (Internet Protocol) address here.

RECEIVER'S E-MAIL ADDRESSES FOR TRANSMISSIONS VIA E-MAIL ATTACHMENT: If claims administrators are provided the option of sending EDI transmissions to WCIS as Internet e-mail attachments, the DWC e-mail address(es) to be used for such transmissions are provided here. Separate e-mail addresses may be provided for receiving production versus test data.

RECEIVER'S FLAT FILE RECORD DELIMITER: This character is to be used by claims administrators to indicate the end of each physical record when submitting flat file transactions formatted according to the IAIABC proprietary standards.

RECEIVER'S ANSI X12 TRANSMISSION SPECIFICATIONS:

SEGMENT TERMINATOR: The character to be used as a segment terminator is specified here.

DATA ELEMENT SEPARATOR: The character to be used as a data element separator is specified here.

SUB-ELEMENT SEPARATOR: The character to be used as a sub-element separator is specified here.

SENDER/RECEIVER QUALIFIER: This will be the claims administrator's ANSI ID Code Qualifier as specified in an ISA segment. Separate Qualifiers are provided to exchange Production and Test data, if different identifiers are needed.

SENDER/RECEIVER ID: If the claims administrator can accept ANSI transmissions, this will be the ID Code that corresponds with the ANSI Sender/Receiver Qualifier (ANSI ID Code Qualifier) as specified in an ISA segment. Separate Sender/Receiver IDs are provided to exchange Production and Test data, if different identifiers are needed.

Form DWC WCIS TP01 (Revised 4/99)

Section G
Test, Pilot, and Production Phases of EDI

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Test, Pilot, and Production Phases of EDI

This section is a suggested step-by-step guide to how to become a successful EDI Trading Partner in the California workers' compensation system. Attaining EDI capability can be viewed as a four step process, beginning with completing a Trading Partner Profile, to sending a test transmission (to make sure your system and the WCIS system can "communicate" with each other), to completing a pilot phase (where your EDI transmissions are compared to their corresponding paper reports), to attaining and maintaining full production capability. The steps outlined below are meant to help you through this process – by providing you with information on what to expect in terms of electronic acknowledgments, what could go wrong along the way, and how to fix problems as they arise. While certain parts of this process are not required by regulation and therefore not mandatory (e.g., the sending of test transmissions and completing a pilot phase), the Division is offering this four step process in order to provide flexibility in meeting individual Trading Partner's needs and capabilities. (For example, not all Trading Partners may need or wish to send a "test" transmission, especially if they are successfully transmitting claims data in other states.) Your WCIS contact person is available to work with you during this process, and to make sure that the transition to attaining production status in California workers' compensation EDI is as successful as possible.

Step 1. Complete an EDI Trading Partner Profile

Completing a Trading Partner Profile form is the first step in reporting worker's compensation EDI data to WCIS. As stated in the WCIS regulations (Section 9702(j)), the form should be submitted to the Division at least 30 days before the first transmission of EDI data, i.e., at least 30 days before the Trading Partner sends the first "test" transmission (see Step 2). See Section F of this guide for details on who should complete a Trading Partner Profile form.

1. Get a copy of the Trading Partner Profile form

Form DWC WCIS TP01 (Revised 4/99), entitled *Electronic Data Interchange Trading Partner Profile,* is available from the following sources:

- Section F – Trading Partner Profile of this guide
- California Division of Workers' Compensation web site:

  http://www.dir.ca.gov/DWC/wcis.htm

- by e-mailing us at wcis@dir.ca.gov, or

- by calling your WCIS Contact Person (see Section B – Where to Get Help) with your request.

If you call or e-mail us, please provide your name, company, and the address you would like the form sent to (e-mail or USPS address), and we will mail you a copy.

2. Complete the form

The form contains instructions about how to complete it. If you need additional help completing the form, call or e-mail your WCIS Contact Person. The Trading Partner Profile form asks you to provide the following information:

- Your business name, FEIN, 9-digit postal code, address, and type of business (insurer, employer, TPA, etc.)
- Name, phone, fax, and e-mail of business contact person
- Name, phone, fax, and e-mail of technical contact person
- Transmission mode (VAN, e-mail attachment, web site data entry)
- Transmission specifications for each transaction type (flat file or ANSI X12) for Trading Partners using VAN or e-mail transmission modes
- Transmission schedule (how often, what days)

On a separate sheet of paper, also compile a list of all Claim Administrator Names and FEINs whose data will be reported under the Sender ID of the Trading Partner profile (see Section F for more information). The WCIS uses the Claim Administrator FEIN to process individual transactions. Since transactions for unknown claim administrators will be rejected by WCIS, it is imperative that this information be provided along with the Trading Partner Profile form.

3. Return the completed form to the Division

Mail or fax the Trading Partner Profile form and, if applicable, a list of claim administrator names and FEINs reported under that profile to the attention of your WCIS Contact Person:

WCIS Trading Partner Profile
Attn: Your WCIS Contact Person
Department of Industrial Relations
Division of Workers' Compensation
PO Box 420603
San Francisco, CA 94142-0603

Fax: (415)-703-4718

4. Wait for approval of your Trading Partner Profile

- Your WCIS Contact Person will review your Trading Partner Profile for completeness and accuracy. If there are any questions, you will be contacted by e-mail or telephone.

- Upon approval of your application, you will be notified by email or telephone. Should you wish to test the capability of your system to send transmissions to the state, you are now ready to move into the Test Phase. You may begin sending test file(s) to WCIS at your earliest convenience (see Step 2).

- You will also be mailed a letter from the Division of Workers' Compensation stating that your Trading Partner Profile has been received and approved.

Step 2. Complete the Test Phase

Purpose

The purpose of the Test Phase is to make sure that your transmissions meet certain technical specifications. WCIS needs to be able to recognize and process your transmissions, and your system needs to be able to recognize and process transmissions from WCIS. The following are checked during the test:

- the **transmission mode** (e-mail attachment, VAN transmission, or web site data entry) for both report and acknowledgment files is functional and acceptable for both receiver and sender
- the **sender ID** is valid and recognized by the receiver and vice versa
- the **file format** (ANSI X12 or flat file) matches the file format specified in the Trading Partner Profile of the sender and is structurally valid
- the **batch format** of files sent by the Trading Partner is correct, (i.e., each batch contains an appropriate header record, one or more transaction records, and a trailer record, and the number of records sent matches the number indicated in the trailer)

Note: Trading Partners using **web site data entry** as the transmission mode need only test that they can access the WCIS web site with their user name and password – which are specified on their Trading Partner Profile – and successfully enter a single record of a **real** California workers' compensation claim. This test need be done only once, for First Reports. The web site automatically performs data format edits and will only accept data in the correct format.

Order of Testing

Testing (Step 2) and piloting (Step 3) is most easily done separately for each transaction type supported by WCIS:

- First Report of Injury
- Subsequent Report of Injury

You should be in production with First Reports (i.e., completed both test and pilot) before testing and piloting Subsequent Reports. This is because the WCIS system will not be able to recognize your Subsequent Report transmissions unless it has already received the corresponding First Report.

Test Criteria

In order for your system and the WCIS system to communicate successfully, a number of conditions need to be met. For Trading Partners (TP) using the VAN or e-mail transmission modes these conditions are:

- No errors in header or trailer records
- Correct ANSI structure (if using ANSI)
- TP can receive electronic acknowledgment (AK1/824) reports

For Trading Partners using web site data entry:

- TP can access the WCIS web site with the user name and password specified on their Trading Partner Profile and enter one First Report record of a real California workers' comp claim

The length of the test phase depends on you. It can be completed after only a single transmission of test data (for each transaction/report type), as long as the above conditions are met.

Test Procedure

Note: Trading Partners sending data as an **e-mail attachment** should follow the steps given in Sending Data as an E-mail Attachment in Section I – Transmission modes before sending a test file. Trading Partners using **web site data entry** should follow the steps given in Using the Web to Submit Data in Section I – Transmission modes before entering a test report.

1. Prepare a test file

VAN or Internet file (e-mail attachment) transmissions:

Trading Partners using the VAN or Internet File (e-mail) transmission modes send data to WCIS in **batches**. A batch consists of 3 parts:

- a header record, which identifies the sender, the receiver, test/production status, the time and date sent, etc.
- one or more transactions (First Reports or Subsequent Reports), AND
- a trailer record, which identifies the number of transactions in the batch

We suggest that the test file consist of one batch of 5 production-quality reports of unique claims, real or simulated. Each test file must have the Test/Production indicator (DN104) located in the Header record set to "T".

For First Reports: Submit original first reports (Maintenance Type Code "00")

For Subsequent Reports: Submit initial payment reports (MTC "IP")

Note: If you would like to send additional MTCs while testing, please let your WCIS contact person know so that the WCIS system can be set up to receive them. Annual Reports (MTC "AN"), since they are a kind of subsequent report, need not be tested. If a Trading Partner successfully tests SROIs with MTC "IP," then it automatically passes the test phase for SROIs with MTC "AN."

Web site data entry:

Select a single "live" California workers' compensation claim to enter into the WCIS web site. When entering the claim, use test/production indicator = P for pilot/production. Even though this is a test, the indicator must be P in order for an acknowledgment to be posted to the web site.

2. Send the test file

VAN or internet file (e-mail attachment) transmissions: Send the test file to WCIS. The test data you send, if successful, will be posted to our test database. They will not be posted to the WCIS production database.

Note: This means that any live California claims sent as test data will have to be re-sent to WCIS, either during pilot or production, in order to be posted to the WCIS production database.

Web site data entry: Access the WCIS web site and enter your user name and password. Enter the data for the claim you selected into the WCIS web site data screens. Claims data must be from a real California workers' compensation claim, because the data you enter will be posted to the WCIS production database.

3. Wait for electronic acknowledgment from WCIS

VAN and E-Mail Trading Partners must be able to receive and process an electronic Acknowledgment – AK1 (flat file) or 824 (ANSI) – from WCIS. (Web site users view their acknowledgments on the WCIS web site.) When a test file has been processed, an electronic acknowledgment will be transmitted to the Trading Partner by WCIS. The acknowledgment will report whether the transmission was successful, and, if not successful, any errors that occurred, as outlined in the following table. Please note that if the test file is missing the header, or if the sender ID in the header is not recognized by WCIS, no acknowledgment will be sent. Also, the acknowledgment sent during the test phase will be header-level only; it will not contain information about the individual claims that you sent.

Structural Edits

Release 1 Error Code, if applicable	**Edit**	**Result**
	Presence of HD1 (Header record)	Transmission rejected; no ACK sent
042	Presence of TR1 (Trailer record)	ACK rejecting transmission
002	Transaction Set ID at record level invalid	ACK rejecting transmission
997 Error Codes	ANSI structure validation • Segment Count does not match • Transaction Set Trailer Missing • Transaction Set not Supported • Transaction Set Control # in Header/Trailer don't match • Missing or Invalid Transaction Set ID • Missing or Invalid Transaction Set Control #	997 functional acknowledgment
042	Header record must be 87 bytes long	ACK rejecting transmission

Data Edits

Error Code	Message	Data Elements to Validate	Result
001	Trading Partner Table Mandatory field not present	• Sender ID • Receiver ID • Date Transmission Sent • Time Transmission Sent • Test/Production Indicator • Interchange Version ID	Transmission rejected; no ACK sent (Sender ID) ACK rejecting transmission (remaining elements)
028	Must be Numeric (0-9)	• Detail Record Count	ACK rejecting transmission
029	Must be a valid Date (CCYYMMDD)	• Date Transmission Sent	ACK rejecting transmission
031	Must be a valid Time (HHMMSS)	• Time Transmission Sent	ACK rejecting transmission
039	No match on database	• Sender Id	Transmission rejected; no ACK sent
041	Must be <= Current Date	• Date Transmission Sent	ACK rejecting transmission
056	Detail Record Cnt NE number recs received	• Detail Record Count	ACK rejecting transmission
057	Duplicate Transmission	• Transaction Set ID (R1 only)	ACK rejecting transmission
058	Code/ID Invalid	• Test/Production Indicator • Interchange Version ID • Receiver ID	ACK rejecting transmission
058	Code/ID Invalid	• Release Number = 1	ACK rejecting transmission

VAN and E-mail Trading Partners should receive an electronic acknowledgment within 48 hours of sending the test transmission; Web site Trading Partners should be able to view their acknowledgment on the web site within 48 hours of successfully entering data into the WCIS web site. If you do not receive an acknowledgment within 48 hours, contact your WCIS Contact Person.

Trading Partners using ANSI X12 file format will receive a 997, or functional acknowledgement, in addition to the 824.

4. Process the acknowledgment and correct any errors

<u>VAN or Internet file (e-mail attachment) transmissions:</u>

If you receive an error acknowledgment (Application Acknowledgement/ Transaction Code = TR “transmission rejected”), you will need to check the batch and file format and make corrections before re-transmitting the file to WCIS.

If the acknowledgment has a TA code ("transaction accepted"), skip to step 6.

Web site data entry:

Receipt of an acknowledgment on the web site for the report submitted, even if it indicates errors, constitutes successful completion of the test. Any errors on the acknowledgment will indicate a problem with the data submitted, rather than problems with the transmission or file format. Proceed to step 6.

5. Retransmit corrected file to WCIS

Send the corrected file to WCIS. If your test fails again, repeat steps (2) through (5) until your test file is accepted by WCIS (no TR code). You may send as many test files as you need to. Contact your WCIS Contact Person if you have any questions or problems along the way.

6. Notify the Division when you are ready to move on to the Pilot Phase

When WCIS accepts your test transmission without technical errors, this means that your system and the WCIS system are able to successfully communicate with each other and your files are in a format readable by WCIS. Contact your WCIS Contact Person when you have successfully transmitted a test file. This person will verify the success of your test by accessing the WCIS system. If you have, in fact, passed, your Trading Partner Profile on the WCIS system will be updated to prepare WCIS for your pilot data.

Your WCIS Contact will notify you by phone or e-mail when the WCIS system is ready to accept your pilot data. You may then begin transmitting pilot data at your earliest convenience, as described in Step 3 in the next section.

Step 3. Complete the Pilot Phase

Overview

During the Pilot phase, the Trading Partner sends "live" California workers' compensation injury reports – First Reports of Injury and Subsequent Reports of Injury – to WCIS to be analyzed for data validity and completeness.

Additionally, Trading Partners piloting First Reports submit copies of paper first reports – completed California Forms 5020 (and, if desired, 5021) – of the corresponding EDI claims, which are compared to each other for data accuracy.

Trading Partners piloting Subsequent Reports submit copies of paper benefit notices sent to the claimant for comparison with the EDI Subsequent Reports for data accuracy.

Purpose

Although not required by regulation, testing for data quality, both during the pilot phase and during production, will help Trading Partners comply with Section 9702, Electronic Data Reporting of the WCIS Regulations (8 CCR §9702(a)):

"Each claims administrator shall, at a minimum, provide **complete**, **valid**, **accurate data** for the data elements set forth in this section."

- **complete data** – In order to evaluate the effectiveness and efficiency of the California workers' compensation system (one of the purposes of WCIS set forth in the 1993 authorizing statute), claims administrators must submit all required data elements on workers' compensation claims for the required reporting periods.

- **valid data** – Valid means that the data are what they are purported to be. For example, data in the date of injury field must be date of injury and not some other date (or something else entirely). Data must consist of allowable values, e.g., date of injury cannot be September 31, 1999, a non-existent date. At a more subtle level, each Trading Partner must have the same understanding of the meaning of each data element and submit data with that meaning only. **Review the definitions for each required data element in the *Data Dictionary* of the *IAIABC EDI Implementation Guide, Release 1 and 2*, to be sure that your use of the data element matches that assigned by the IAIABC. If your meaning or use of a data element differs, you will need to make changes to conform to the IAIABC standards.**

- **accurate data** – Accurate means free from errors. There is little value in collecting and utilizing data unless there is assurance that the data are accurate.

The Pilot Phase is to ensure that the above requirements are met before a Trading Partner is allowed to routinely submit electronic data to WCIS in the place of hard copy reports – in other words, before the Trading Partner is moved to Production status.

Data Quality Criteria

The Division prefers that the pilot be conducted in 2 steps. (These 2 steps may be conducted concurrently if desired.) Each step has its own data quality criteria:

1. Reports are first transmitted to WCIS via EDI, and they are tested for **completeness** and **validity** using automatic built-in data edits on the WCIS system.

   DWC suggests that you transmit **at least 60 live claims** to WCIS. These claims should meet or exceed the following two data quality criteria:

   - No more than 5% of transmitted reports are rejected (Application Acknowledgment/Transaction Code = TR "transaction rejected"). This is the same as saying that at least 95% of transmitted reports are free of any errors in mandatory/fatal or conditional/fatal data elements, AND
   - Of the accepted reports (≥ 95% of transmitted reports), no more than 10% contain errors (Application Acknowledgment/Transaction Code = TE "accepted with errors"). This is the same as saying that at least 90% of the accepted reports are free of any errors in mandatory/serious or conditional/serious data elements.

   Note: Trading Partners whose claim volume is too low to reasonably send 60 claims may send fewer claims. Your WCIS Contact will be able to advise you on how many claims to send.

   First Reports: If data do not meet the above data quality criteria on the initial submission because of missing data, the Trading Partner has up to 60 days from the initial submission to fill in missing data in order to meet these criteria (see section 9702(b) of the WCIS regulations). Any corrections made will be reflected in the remainder of the pilot process.

   The data reporting requirements for each data element are listed in Section L – Required Data Elements of this guide.

2. After the EDI reports pass the WCIS edits for completeness and validity, the Trading Partner sends copies of the corresponding paper reports to DWC. A random subset of the EDI reports – after any corrections have been made – will be manually cross-checked against the corresponding paper reports for **accuracy**. The claims administrator may be asked to justify any mismatches between the paper and EDI reports.

   Unresolved mismatches between the paper and EDI reports should not exceed 5% of all reportable data elements across all cross-checked reports. In addition, there may be no data mapping errors (e.g., employer telephone number always sent in place of the employee telephone number, or "part of body = foot" always sent when "part of body = hand").

A cross-walk of data elements contained on California First Report Forms 5020 and 5021 and on the EDI First Report of Injury is provided at the end of this section. For data elements that appear on all three reports, a match on the EDI First Report with at least one of the corresponding values from the paper reports is required. For example, if the employer address field is filled in on Form 5020 but not on Form 5021, the address on Form 5020 should match the corresponding EDI data elements for employer address. If different employer addresses are provided on Forms 5020 and 5021, one of these addresses should match the corresponding EDI data elements for employer address.

Maintenance Type Codes Piloted

The following are the maintenance type codes piloted in California at this time:

FROI	00	(original)
SROI	IP	(initial payment)

During the pilot process, Trading Partners may also need to submit reports with MTC CO (correction) in order to correct data reported in error or to fill in missing data. Trading Partners may also submit reports with MTC 02 (change) to update any previously reported data elements that were accepted without error.

After a report type has been successfully piloted, all other maintenance type codes for that report type become reportable. For example, once a Trading Partner has successfully piloted Original First Reports, the AQ, AU, 01, 04, UI, 02, and CO maintenance type codes for first reports are reportable. Depending on overall Trading Partner performance, California may later choose to incorporate additional maintenance type codes into the piloting requirements.

EDI Pilot Procedure

1. Prepare pilot test file(s)

During piloting and production, reports must be transmitted to WCIS within the regulatory timelines, unless the Trading Partner is covered by a variance. For First Reports, this is within 5 days of the claims administrator's knowledge of the claim. For Subsequent Reports, this is generally within 10 days of the business event. Therefore, during the pilot phase, simply transmit reports within the regulatory timelines, unless you are covered by a variance.

VAN or e-mail transmission modes:

In preparing your pilot data files, set the Test/Production Indicator (DN104) located in the Header record to "P" so that the transactions are targeted to the Division's production system.

If you are piloting SROIs (MTC=IP), the claims you select must have already been accepted as First Reports by WCIS; otherwise, they will be rejected. WCIS needs to have a corresponding First Report to match to a Subsequent Report in order to accept the Subsequent Report.

Your data will be checked for data quality by your WCIS contact person once at least 60 reports have been received by WCIS. (Trading Partners with an active claims volume too low to accumulate 60 sent reports within a few weeks period will have their data quality evaluated using a smaller number of reports. Let your WCIS contact person know if you think you fall into this category.)

Web site data entry:

Select the live claims you will enter into the WCIS web site, and use Test/Production Indicator = P when entering them. Talk to your WCIS Contact Person to determine the number of claims you will be sending. If you are piloting SROIs, the claims you enter into the web site must have already been accepted as First Reports by WCIS.

2. Transmit pilot test data

You may begin transmitting pilot data as soon as your WCIS contact person has notified you that WCIS is ready to receive your pilot data.

3. Wait for electronic acknowledgment from WCIS

The data you send to WCIS will automatically be subjected to EDI data quality edits. The edits consist of the IAIABC standard edits (see Edit Matrices in *IAIABC EDI Implementation Guides, Release 1* and *Release 2*) and the California-specific edits, which are listed in Appendix M – California-Specific Data Edits of this Guide.

Each field in a transaction is validated using the edit rules. If a data element fails to pass any data validation edit, an error message will be generated for that data element. WCIS will, if possible, continue to process the record in which the error occurred until all data elements in the record have been edited. The acknowledgment record will contain information about all errors.

You should receive a detail acknowledgment (AK1 or 824) from WCIS within 48 hours of your data transmission. The acknowledgment will tell you which data elements in which records were in error, if any, and what the error was. If you were piloting Original First Reports (MTC=00), the acknowledgment also provides the Jurisdiction Claim Number (DN 5) assigned to each claim accepted by WCIS. If a claim was rejected by WCIS (TR code), no Jurisdiction Claim Number will be provided for it.

4. Process the acknowledgment

If the acknowledgment indicates any errors – either rejected transactions (TR code) or transactions accepted with errors (TE code) – you may need to make corrections and send the corrections to WCIS in order to meet the data quality requirements for validity and completeness.

Reports that were rejected outright, because they contained an error in a mandatory/fatal or conditional/fatal data element field (TR code), are retransmitted using the Maintenance Type Code from the original transmission (e.g., 00 or IP). Reports that were accepted with errors (TE code) are retransmitted as a CO.

Note: When making corrections, all the data elements on the originally submitted report need to be submitted again on the CO, not just the data element(s) that generated an error. Be sure to include the Jurisdiction Claim Number assigned by WCIS when submitting corrected First Reports. See “Changed or Corrected Data” in Section N – System Specifications for information on how WCIS processes changes and corrections.

5. Repeat steps 2 through 4 until the completeness and validity criteria are met

Parallel Pilot Procedure

1. Request parallel pilot analysis

After you have fulfilled the completeness and validity data quality requirements of EDI, the next step is to submit the paper reports of the corresponding EDI reports to be cross-checked for accuracy. Let your WCIS Contact Person know when you are ready for a "parallel pilot analysis" or "accuracy check." This person will verify that the EDI completeness and validity requirements are fulfilled before you proceed.

2. Prepare paper copies of reports

First Reports: Make one copy of completed *Form 5020, Rev. 6, Employer's Report of Occupational Injury or Illness* for each Original First Report that you submitted in the EDI portion of the pilot. If you wish, you may also make one copy of *Form 5021, Rev. 4, Doctor's First Report of Occupational Injury or Illness*. This gives you more opportunities for a "hit" if information on Form 5020 fails to match the EDI First Report. Fill out a *WCIS Pilot Batch Identification Form* (at the end of this section). The purpose of this form is only to allow us to link your EDI reports to your paper reports.

Subsequent Reports (IP): Make one copy of the benefit notice sent to the employee notifying him/her of the start of benefit payments for each Subsequent Report that you submitted in the EDI portion of the pilot. Fill out a *WCIS Pilot Batch Identification Form* (at the end of this section). This form allows us to link your EDI reports to your paper reports.

3. Send paper reports to DWC

Send the paper forms to your WCIS contact. Please include a completed *WCIS Pilot Batch Identification Form* to facilitate identification of your claims. Mail the entire packet to:

WCIS Pilot-Parallel Phase
Attn: Your WCIS Contact
Department of Industrial Relations
Division of Workers' Compensation
PO Box 420603
San Francisco, CA 94142-0603

Note: If you are piloting First Reports, you are still required to send copies of the Employer's Report (Form 5020) and the Doctor's First Report (Form 5021) to DIR's Division of Labor Statistics and Research (DLSR).

4. Wait for Parallel Pilot Analysis Report

Your WCIS Contact will compare your paper and EDI reports for consistency and prepare a "Parallel Pilot Analysis Report," which will be sent to you. The report will describe any discrepancies noted between data sent on paper and data sent electronically, as well as any other suspected data issues/errors not detected by the routine EDI program edits.

You may be asked to explain any discrepancies. Depending on the extent of the discrepancies, this may require a phone consultation, a meeting, a brief note, or a more formal written justification.

Moving from Pilot to Production Status

Once the data quality criteria of the EDI and parallel phase of the pilot have been met for a given transaction, the Trading Partner will be approved for production status for that transaction. Congratulations! You will receive written authorization from the Division to submit production status data to WCIS for the transaction type successfully tested and piloted. Once production status for a transaction type has been granted, you will be authorized to not send the corresponding paper report to the Department.

Step 4. Production

Congratulations! You are now officially in production for EDI reporting of workers' compensation claims data with the State of California Division of Workers' Compensation.

During production, the following conditions apply:

Paper Reports

The EDI First Report fulfills the requirement to submit paper copies of the Employer's Report (Form 5020) to the California Division of Labor Statistics and Research (DLSR), pursuant to Labor Code §6409.1 and 8 C.C.R. §14001 (see letter from DLSR in Section E – WCIS Regulations). However, the submission of paper copies of the Doctor's First Report of Occupational Injury or Illness (Form 5021) to DLSR is still required at this time (LC §6409 and 8 C.C.R. § 14001-14002).

In the future, submission of the ICD-9 CM Diagnosis Code, either on the EDI First Report or on the first Medical Bill/Payment Report, may substitute for the requirement to submit the paper Doctor's First Report (Form 5021) to DLSR. This will depend on the inclusion of the ICD-9 CM Diagnosis Code data element in the IAIABC Release 2 standards and/or the finalization of the IAIABC Medical Bill/Payment Report, plus the inclusion of this data element in the WCIS regulations. The Division is working to make these outcomes a reality as soon as possible.

Trading Partners in production status for Subsequent reports satisfy the obligation to submit paper copies of benefit notices to the Administrative Director pursuant to Labor Code §138.4 (see §9702 (h)(1) of the WCIS regulations).

Test/Production Indicator

The Test/Production indicator (DN104) located in the Header record is set to "P" during production. Data are posted to the California WCIS production database.

Data Quality Requirements

Data sent to WCIS will continue to be monitored for completeness and validity. The following are guidelines for data quality that Trading Partners should strive to meet or exceed:

- At least 95% of transmitted reports should be free of any errors in *mandatory/fatal* and *conditional/fatal* data elements, AND

- At least 90% of accepted reports should be free of any errors in *mandatory/serious* and *conditional/serious* data elements

Note: As in the pilot phase, these requirements need not be met upon the first submission of data to WCIS. Trading Partners have up to 60 days after the first submission of First Report data to submit data elements that were omitted on the first transmission because they were not known to the claims administrator (see Section 9702(b). Electronic Data Reporting of the WCIS Regulations). Notwithstanding this requirement, the claims administrator is required to transmit data in response to a data error message generated by WCIS, or when the claims administrator becomes aware of the need to update data elements previously transmitted or omitted, no later than the next submission of data for the affected claim (see Section 9702(f) of the WCIS Regulations).

DWC anticipates that in the future its claims auditors will collect data from claims administrators, and that these data will be checked for data accuracy against EDI data that were already submitted to WCIS (see LC §129; 8 CCR §10105).

Data Quality Reports

WCIS automatically monitors the quality of data received during pilot and production from individual Trading Partners. The system tracks all outstanding errors and produces automated data quality reports. The Division plans to provide these reports to each Trading Partner on a regular basis. The frequency of providing these reports has not yet been determined.

Trading Partner Profile

Trading Partner Profiles must be kept up-to-date. The Division must be notified of any changes to the Trading Partner Profile, since these may affect whether WCIS recognizes your transmissions. Note that if the transmission mode (e-mail, VAN, or web site) or transmission specifications (flat file vs. ANSI; Release 1 vs. Release 2) are changed, this may require re-testing some or all transaction types.

WCIS PILOT BATCH IDENTIFICATION FORM

TO: _____
Your WCIS Contact

FROM: TRADING PARTNER (the following information must be as it appears on your Trading Partner Profile)

NAME _____

ADDRESS _____

_____

_____

FEIN _____ ZIP CODE _____

DATE(S) ELECTRONIC TRANSMISSION(S) WERE SENT _____

_____

TOTAL NUMBER OF EDI CLAIMS SENT _____

DATE PAPER REPORTS MAILED _____

NUMBER OF PAPER REPORTS MAILED _____

PREPARED BY _____

PHONE _____

COMPLETE THIS FORM AND RETURN WITH COPIES OF PAPER 5020 (and 5021 REPORTS, if desired) OR NOTICES OF INITIAL BENEFIT PAYMENTS TO :

WCIS PARALLEL PILOT PHASE
ATTN: Your WCIS Contact Person
Division of Workers' Compensation
PO BOX 420603
San Francisco, CA 94142-0603

Crosswalk of Employer's (Form 5020), Doctor's (Form 5021), and EDI First Report[1]

Q#	Employer's Report	Doctor's Report	Q#	EDI Data Element Name	DN#
EMPLOYER INFORMATION					
1	Firm Name	Employer Name	2	EMPLOYER NAME	18
1A	Policy Number				
2	Mailing Address	Address	3	EMPLOYER PHYSICAL PRIMARY ADDRESS[2] EMPLOYER PHYSICAL SECONDARY ADDRESS[2] EMPLOYER PHYSICAL CITY[2] EMPLOYER PHYSICAL STATE CODE[2] EMPLOYER PHYSICAL POSTAL CODE[2]	19 20 21 22 23
2A	Phone Number				
3	Location, if different from Mailing Address	Address	3	EMPLOYER PHYSICAL PRIMARY ADDRESS[2] EMPLOYER PHYSICAL SECONDARY ADDRESS[2] EMPLOYER PHYSICAL CITY[2] EMPLOYER PHYSICAL STATE CODE[2] EMPLOYER PHYSICAL POSTAL CODE[2]	19 20 21 22 23
3A	Location Code				
4	Nature of Business	Nature of Business	4	Must be consistent with: OCCUPATION DESCRIPTION MANUAL CLASSIFICATION CODE	 60 59
5	State Unemployment Insurance Acct. No.			EMPLOYER UI NUMBER[3]	329
6	Type of Employer				

Crosswalk of Employer's, Doctor's, and EDI First Report (cont.)

Q#	Employer's Report	Doctor's Report	Q#	EDI Data Element Name	DN#
EMPLOYEE INFORMATION					
7	Employee Name	Patient Name	5	EMPLOYEE LAST NAME EMPLOYEE FIRST NAME EMPLOYEE MIDDLE NAME/INITIAL[2]	43 44 45
8	Social Security Number	Social Security Number	11	EMPLOYEE SSN[2]	42
9	Date of Birth	Date of Birth	7	EMPLOYEE DATE OF BIRTH	52
10	Home Address	Address	8	EMPLOYEE MAILING PRIMARY ADDRESS[2] EMPLOYEE MAILING SECONDARY ADDRESS[2] EMPLOYEE MAILING CITY[2] EMPLOYEE MAILING STATE CODE[2] EMPLOYEE MAILING POSTAL CODE[2] Must be consistent with: EMPLOYEE MAILING COUNTRY CODE[3]	46 47 48 49 50 155
10A	Phone Number	Telephone Number	9	EMPLOYEE PHONE NUMBER[2]	51
11	Sex	Sex	6	EMPLOYEE GENDER CODE[2]	53
12	Occupation (Regular job title)	Occupation (Specific job title)	10	OCCUPATION DESCRIPTION	60
13	Date of Hire			EMPLOYEE DATE OF HIRE[2]	61
14	Employee usually works (__ hrs per day, __ days per week, __ total weekly hours)				
14A	Employment Status (regular FT/PT/ temporary/seasonal)			Must be consistent with: EMPLOYMENT STATUS CODE	 58
14B	Under what class code of your policy were wages assigned?			MANUAL CLASSIFICATION CODE[2]	59
15	Gross Wages/Salary			Must be consistent with: AVERAGE WAGE[2] WAGE PERIOD CODE[2]	 62 63
16	Other payments not reported as wages/salary? (yes/no)				

Crosswalk of Employer's, Doctor's, and EDI First Report (cont.)

Q#	Employer's Report	Doctor's Report	Q#	EDI Data Element Name	DN#
INJURY INFORMATION					
17	Date of Injury or Onset of Illness	Date and hour of injury or onset of illness	13	DATE OF INJURY	31
18	Time Injury Illness occurred	Date and hour of injury or onset of illness	13		
19	Time employee began work				
20	If employee died, Date of Death			EMPLOYEE DATE OF DEATH	57
21	Unable to work for at least one full day after Date of Injury? (yes/no)			If Yes on 5020, INITIAL DATE DISABILITY BEGAN must be present	56
22	Date Last Worked	Date Last Worked	14	INITIAL DATE LAST DAY WORKED[2, 4]	65
23	Date Returned to Work	Work Status: Is patient able to perform usual work? Date when patient can return to regular/modified work	26	INITIAL RETURN TO WORK DATE[2] RETURN TO WORK TYPE CODE[3]	68 189
		Work Status: "Date when patient can return to modified work "	26	Must be consistent with: PHYSICAL RESTRICTIONS INDICATOR[3]	 224
24	If still off work Check This Box				
25	Paid full wages for day of injury or last day worked? (yes/no)				
26	Salary being continued? (yes/no)				
27	Date of Employer's Knowledge/Notice of Injury/Illness			DATE EMPLOYER HAD KNOWLEDGE OF THE INJURY[2]	40
28	Date employee was provided employee claim form				
29	Specific Injury/Illness and Part of Body Affected, Medical Diagnosis, if available	Diagnosis, ICD-9 Code	20	Must be consistent with: NATURE OF INJURY CODE PART OF BODY INJURED CODE CAUSE OF INJURY CODE	 35 36 37
30	Location where event or exposure occurred (Number, Street, City)	Injured at: (No. and Street, City, County)	12	Must be consistent with: ACCIDENT SITE POSTAL CODE[2]	 33

Crosswalk of Employer's, Doctor's, and EDI First Report (cont.)

Q#	Employer's Report	Doctor's Report	Q#	EDI Data Element Name	DN#
INJURY INFORMATION (cont.)					
30A	County	Injured at: (County)	12		
30B	On employer's premises? (yes/no)			Must be consistent with: ACCIDENT SITE POSTAL CODE	 33
31	Department where event or exposure occurred				
32	Other workers injured/ill in this event? (yes/no)				
33	Equipment, materials and chemical the employee was using when event or exposure occurred	Describe how the accident or exposure happened	17		
34	Specific activity the employee was performing when event or exposure occurred	Describe how the accident or exposure happened	17	Must be consistent with: NATURE OF INJURY CODE CAUSE OF INJURY CODE	 35 37
35	How Injury/Illness occurred	Describe how the accident or exposure happened	17	ACCIDENT/INJURY DESCRIPTION/NARRATIVE	38
36	Name and Address of Physician (Number and Street, City, ZIP)				
36A	Phone Number				
37	If hospitalized as an inpatient, name and address of hospital (Number and Street, City, ZIP)	If hospitalized as inpatient, give hospital name and location	25		
37A	Phone Number				

[1] Only data elements in non-shaded rows will be checked for consistency. Shaded rows indicate data elements present on California Form 5020 and/or 5021, but not present on the EDI First Report of Injury. Questions on the Doctor's First Report which are neither on the Employer's Report nor on the EDI First Report are not listed.
[2] Release I data element name differs.
[3] Release 2 only; data element is optional until July 1, 2000.
[4] For injuries or illnesses resulting in disability (=lost work time) only.

Section H
File Formats and Supported Transactions

Supported Transactions H-2

Differences between Release 1 and Release 2..... H-3

Understanding ANSI and Flat Files H-3

Advice on choosing between Release 1 and Release 2, and between flat files and ANSI X12..... H-4

Supported Transactions

The WCIS will support Release 1 and Release 2 transactions according to the following schedule:

9/1/1999 - 3/1/2000	**File Formats**
Voluntary: First Reports	ANSI X12 Release 1 (Version 3041) IAIABC Flat File Release 1
3/1/2000 - 7/1/2000	**File Formats**
Required: First Reports (Variances Available) Voluntary: Subsequent Reports*	ANSI X12 Release 1 (Version 3041) IAIABC Flat File Release 1
7/1/2000 - 1/1/2001	**File Formats**
Required: First and Subsequent Reports (Variances Available)	ANSI X12 Release 2 (Version 3070)*# IAIABC Flat File Release 2* ANSI X12 Release 1 (Version 3041), under partial variance♦ IAIABC Flat File Release 1, under partial variance♦
After 1/1/2001	**File Formats**
Required: First and Subsequent Reports (No Variances)	ANSI X12 Release 2 (Version 3070) IAIABC Flat File Release 2

*Exact implementation date to be announced.

#The ANSI X12 format for Release 2 has been developed by the American National Standards Institute and is awaiting approval by the IAIABC. This file format will be accepted by WCIS as soon as an implementation guide has been approved by either ANSI or IAIABC.

♦Some data elements available only in Release 2 are required after 7/1/2000. Claim administrators not ready to move from Release 1 to Release 2 at that time can request a partial variance from reporting Release 2 elements, allowing them to continue using Release 1 until 1/1/2001.

Differences between Release 1 and Release 2

The IAIABC has issued two releases of EDI standards for first and subsequent reports of injury. Release 1 was issued in August 1995, and has both flat-file and ANSI X12 versions. (The following section describes the flat-file and ANSI X12 formats.) Release 2 adds a number of new data elements that will significantly improve the usability of the data collected. Release 2 flat-file formats were issued in November 1998. ANSI X12 formats for Release 2 have been developed by ANSI, and are awaiting approval for use by the IAIABC. Because of the advantages of Release 2, WCIS will require First and Subsequent Reports to be submitted in a Release 2 format beginning July 2000.

Understanding ANSI and Flat Files

The IAIABC has approved two file format types for the electronic submission of transactions: ANSI X12 formats – based on the American National Standards Institute (ANSI) X12 EDI standard – and proprietary IAIABC "flat-file" formats.

ANSI X12 is the primary EDI standard for electronic commerce in a wide variety of applications. Data elements are strung together continuously, with special data element identifiers and separator characters delineating individual data elements and records. ANSI X12 is extremely flexible but also somewhat complex, so most X12 users purchase translation software that handles the X12 formatting. Because X12 protocols are used for many types of business communications, X12 translation software is commercially available. Some claim administrators may already be using X12 translation software for purchasing, financial transactions, or other business purposes.

The IAIABC's proprietary flat-file formats were designed specifically for transferring workers' compensation data via EDI. Data elements are placed in assigned character positions within each record. Different records are presented on separate lines of the file. Flat files have the disadvantage of being inflexible and not easily modified. The Release 1 version of the flat files is fairly straightforward to implement without translation software.

Release 2 flat files are completely different than the Release 1 flat files, and some people have found them to be quite challenging from a technical standpoint. Like Release 1 flat files, data elements are placed in assigned character positions on each line. However, the Release 2 flat files include a wide variety of record types, with complex hierarchical relationships among them. Organizations interested in implementing the Release 2 flat files would therefore be well advised to consult with EDI experts early in their planning process.

Advice on choosing between Release 1 and Release 2, and between flat files and ANSI X12

The following recommendations are for organizations that plan to implement EDI reporting by developing their own internal computer systems for formatting the data. Organizations that instead choose to have an EDI service provider format their data will have little need to understand the file format options, and should consult with their EDI service provider for information on the formats to be used.

Prior to July 1, 2000, WCIS will accept Release 1 reporting of claims data. However, starting July 1, 2000, WCIS will require many data elements that exist only in Release 2. As a result, trading partners that choose to report initially using Release 1 will be expected to adopt Release 2 by that date. Trading partners unable to adopt Release 2 by July 1, 2000 may apply for a partial variance to delay reporting of Release 2 data elements until January 1, 2001.

ANSI Files: The X12 format for Release 2 has been developed by ANSI, and IAIABC approval is pending. The Release 2 ANSI X12 formats share the same basic structure used in Release 1 ANSI X12 transactions. As a result, trading partners that adopt Release 1 ANSI X12 formats in the short-term should have little difficulty upgrading to Release 2 later.

Flat Files: Organizations that plan to develop their own EDI reporting systems should note that the Release 2 flat file formats are structured very differently from the Release 1 flat file formats. As a result, we recommend against efforts to implement Release 1 flat files solely for use in the period prior to July 1, 2000. Claim administrators who are committed to using Release 2 flat files should consider doing so directly, bypassing Release 1 entirely. (Note that needing additional time for Release 2 implementation may be an acceptable reason for receiving a temporary variance from EDI reporting in California.)

Section I
Transmission Modes

Transmission Options Available I-2
- **Internet E-mail Attachment I-2**
- **Value Added Networks (VAN) I-2**
- **World Wide Web I-2**

Sending Data as an E-Mail Attachment I-3
- **More on Digital Certificates I-4**
- **Tips on using E-mail Transmission I-5**

Using the Web to Submit Data I-6
- **Tips on Using the Web I-7**

Transmission Pathways I-9

Transmission Options Available

There are three options available to claims administrators for transmitting data to the WCIS:

Internet E-mail Attachment

The WCIS will receive data as an Internet e-mail attachment using the secure S/MIME protocol. Both e-mail messages and attachments will be confidential through authentication and encryption, using digital certification. For more information, see "Sending Data as an E-Mail Attachment" in this section.

Value Added Networks (VAN)

A Value Added Network (VAN) is a commercially-owned network that provides specific services, such as access to a specialized database for a fee, which is restricted to users. Organizations that provide VAN services act as intermediaries during electronic message exchange. VAN customers typically purchase leased lines that connect them to the network or use a dial-up number, given by the network owner, to gain access to the network.

The advantages of using a VAN include security, auditing, and tracking capabilities, and in some cases, formatting services.

Several EDI service providers provide VAN services. Be aware that billing can be complex, and it typically consists of per byte charges and per "envelope" charges, which vary depending on how the user sends the information. It is important to note that the Division of Workers' Compensation does not pay VAN charges for either incoming or outgoing EDI transmissions. VAN messages will not be transmitted if the trading partner does not specify that it will accept charges for both incoming and outgoing transmissions. See Section J for VAN contact information.

World Wide Web

Data can also be transmitted by entering the data manually into data entry forms on the WCIS web site. This option is suitable only for very low volume data providers. The advantages of this mode of transmission are that there are no EDI set up costs, no file formatting, and no EDI protocols. (There may be significant training expenses, however, since this transmission mode relies on manual rather than automated processes.) For more information see "Using the WEB to Submit Data" in this section.

Sending Data as an E-Mail Attachment

Your e-mail software must be S/MIME compliant to send secure e-mail to WCIS. Please check with your system administrator to ensure that your e-mail software is S/MIME compliant before proceeding with the following steps.

This section should be read in conjunction with Section G – Test, Pilot, and Production Phases of EDI.

Step 1. Trading Partner Profile

Complete the Trading Partner Profile form as instructed in Step 1 of Section G. Be sure to indicate that the transmission mode is e-mail attachment. Also include the e-mail address where the acknowledgments will be returned. The return address does not need to be the same as the sending address. After the Trading Partner Profile form is completed, follow the steps below. Upon completion of the below steps, return to Section G, Step 2: Complete the Test Phase.

Step 2 . Purchase a Digital Certificate

Purchase a Digital Certificate from one of the state-certified vendors. The Approved List of Digital Signature Certification Authorities is available at the Secretary of State website **http://www.ss.ca.gov/digsig/cert1.htm**. The Digital Certificate will authenticate the data you will be sending to us.

Step 3. Install the Digital Certificate

The Digital Certificate can be installed either from a software disk or directly from the Internet. The Digital Certificate will be installed in your e-mail program and on your Internet web browser (e.g., Microsoft Internet Explorer, Netscape). Details for installation of Digital Certificates are available at the website of the specific Certified Digital Signature Authority you choose to purchase from.

Step 4. Exchange Digital Certificates with WCIS

The exchange of digital certificates is necessary for authentication and encryption. The Trading Partner sends WCIS their Digital Certificate so that WCIS can ensure that the message has not been altered by someone else. WCIS sends the Trading Partner its Digital Certificate so that the Trading Partner can encrypt the e-mails sent to WCIS. Encryption ensures that the message and its attachments are not readable by anyone other than the intended recipients.

To exchange digital certificates, send a digitally signed e-mail message to wcisdata@data.dir.ca.gov with subject header REQUEST PUBLIC KEY. Details for sending a digitally signed e-mail are available at the website of the specific Certified Digital Signature Authority you choose to purchase from. Upon receipt of a signed e-mail message, WCIS will respond with a digitally signed message.

The digitally signed e-mail message contains a copy of the WCIS digital certificate. The trading partner must register the WCIS digital certificate with their e-mail system. See your system administrator or the help files of your e-mail

program for complete instructions on registering the WCIS certificate on your machine.

If a Trading Partner does not receive a digitally signed e-mail message from WCIS, they should notify their WCIS Contact Person.

Step 5. Set Up Your E-mail Program to Encrypt all Data Transmissions to WCIS

Once digital certificates have been exchanged between users, e-mail messages can be encrypted and signed to protect against tampering. Encrypting a message means you "scramble" the message and its attachment so that only the intended recipient can read it. All messages sent to wcisdata@data.dir.ca.gov must be encrypted and signed. If a message is received that is not encrypted, the Trading Partner will be notified either by e-mail or by the WCIS contact person. If messages continue to be received un-encrypted, a Trading Partner may not be allowed to use the email facility to send their data. Details for configuring the encryption of a Digital Certificate message are available at the website of the specific Certified Digital Signature Authority you choose to purchase from.

Step 6. Send your Transmissions

Send an EDI test file, as specified in Section G Step 2: Complete the Test Phase. To send the test file: format the file, attach the formatted file to an e-mail message, encrypt the message, sign the message, and send to wcisdata@data.dir.ca.gov. The subject line should read: SEND EDI DATA.

If transmission of the encrypted and signed "test" file from a trading partner is successful, WCIS will process your transmission and return a header level acknowledgment to the e-mail address provided on your Trading Partner Profile. E-mail acknowledgments will be returned in the same file format as the original transmission. E-mail acknowledgments will not be encrypted or signed. See Section G for further information on completing the Test, Pilot, and Production Phases.

More on Digital Certificates

Digital Certificates bind an identity to a pair of electronic keys that can be used to encrypt and sign digital information. A Digital Certificate makes it possible to verify someone's claim that they have the right to use a given key and helps to prevent people from using phony keys to impersonate other users. Used in conjunction with encryption, Digital Certificates provide a more complete security solution, assuring the identity of all parties involved in a transaction.

In order to send and receive secure e-mail using a Digital Certificate, you must be working with an e-mail software that supports S/MIME (Secure/Multipurpose Internet Mail Extensions). S/MIME is the standard format that allows users with different e-mail software to communicate with one another.

Tips on using E-mail Transmission

- Always encrypt and digitally sign e-mail messages when sending to WCIS.
- Keep the Digital Certificate current. If a Digital Certificate has expired, WCIS may not receive your transmission.
- Make sure that your email address matches the email address on your Digital Certificate. Sometimes the email address you use commonly is different from what is maintained by your email system.
- Do not send any other type of messages to wcisdata@data.dir.ca.gov. The wcisdata mailbox is for EDI transmissions only. All other messages will be deleted and not read.

Using the Web to Submit Data

Data can be manually entered directly into the WCIS website using web site forms called WCIS-EZ. The web site is secure with Secure Sockets Layer (SSL). In order to access the WCIS-EZ system you must have a digital certificate and Microsoft Internet Explorer 5.0 installed as a browser on your personal computer.

Some of the features of WCIS-EZ include retention of completed documents, allowing future changes or corrections, viewing of electronic acknowledgements, the ability to save incompletely entered data on your own computer for later transmission, and up-front edits preventing submission of incomplete data. The disadvantages of this option include manual data entry into web forms every time an EDI report is required by the state. This may involve significant training expenses and time resources, making this transmission mode suitable only for very low volume claims administrators.

Although WCIS-EZ does not require knowledge of EDI file formats, it does require knowledge and understanding of the IAIABC data element definitions and report types, as defined by Maintenance Type Codes. See the IAIABC Implementation Guides for further information.

This section should be read in conjunction with Section G – Test, Pilot, and Production Phases of EDI.

Step 1. Trading Partner Profile

Complete the Trading Partner Profile form as instructed in Step 1 of Section G. Be sure to indicate that the transmission mode is web site, and that you specify the user name and password you will use to enter the web site. You need not specify an email address for acknowledgments on the Trading Partner Profile form. Acknowledgments will only be available for viewing on the web site; they will not be sent as email attachments to web Trading Partners.

Upon approval of your Trading Partner Profile (TPP) form, you will receive instructions about how to use WCIS-EZ, including the web site address where WCIS-EZ can be accessed. You must receive notification from your WCIS Contact Person that your Trading Partner Profile (TPP) form has been approved before you can proceed to step 4 below. However, you may do steps 2 and 3 before receiving approval.

Step 2 . Purchase a Digital Certificate

A digital certificate is required in order to authenticate the identity of Trading Partners submitting data to WCIS via WCIS-EZ. Purchase a Digital Certificate from one of the state-certified vendors. The Approved List of Digital Signature Certification Authorities is available at the Secretary of State website **http://www.ss.ca.gov/digsig/cert1.htm**.

Step 3. Install the Digital Certificate

The Digital Certificate can be installed either from a software disk or directly from the Internet. The Digital Certificate will be installed in your e-mail program and on your Internet web browser, which must be Microsoft Internet Explorer version 5.0. Details for installation of Digital Certificates are available at the website of the specific Certified Digital Signature Authority you choose to purchase from.

Step 4. Access WCIS-EZ

Once you receive notification that your Trading Partner Profile has been approved, you have already been set up to access and use the WCIS-EZ system. Access the web site with the address given to you by your WCIS Contact. At the login screen, type in the login name and password that you specified on your Trading Partner profile. You will then be able to access the system, create new first reports, or browse previously submitted first reports.

It is also possible to access WCIS-EZ as a Visitor. Visitor access allows you to view a blank data entry form on WCIS-EZ, but will not allow you to submit real data. If you just want to view the forms on WCIS-EZ without entering any real data, enter "visitor" as the login name to view the form. No password is necessary.

An option exists on the login screen to register an account as a New User. YOU HAVE ALREADY BEEN REGISTERED. ONLY ONE ACCOUNT is allowed per Trading Partner. DO NOT REGISTER AS A NEW USER.

Step 5. Enter your Data

Read the instructions provided to you by your WCIS Contact Person about how to use the system before entering any data. An online Help file is also available.

Enter data for a single first report, as specified in Section G. Step 2: Complete the Test Phase under the headings Web site data entry. After your report has been submitted, WCIS will process the record and create an acknowledgment, which can then be viewed on the web site. This may not happen immediately. WCIS processes web data submissions multiple times per day according to an automatic schedule. Your WCIS Contact will be able to inform you about when an acknowledgement can be expected. The test phase is complete when you can view your acknowledgment for the single report you entered.

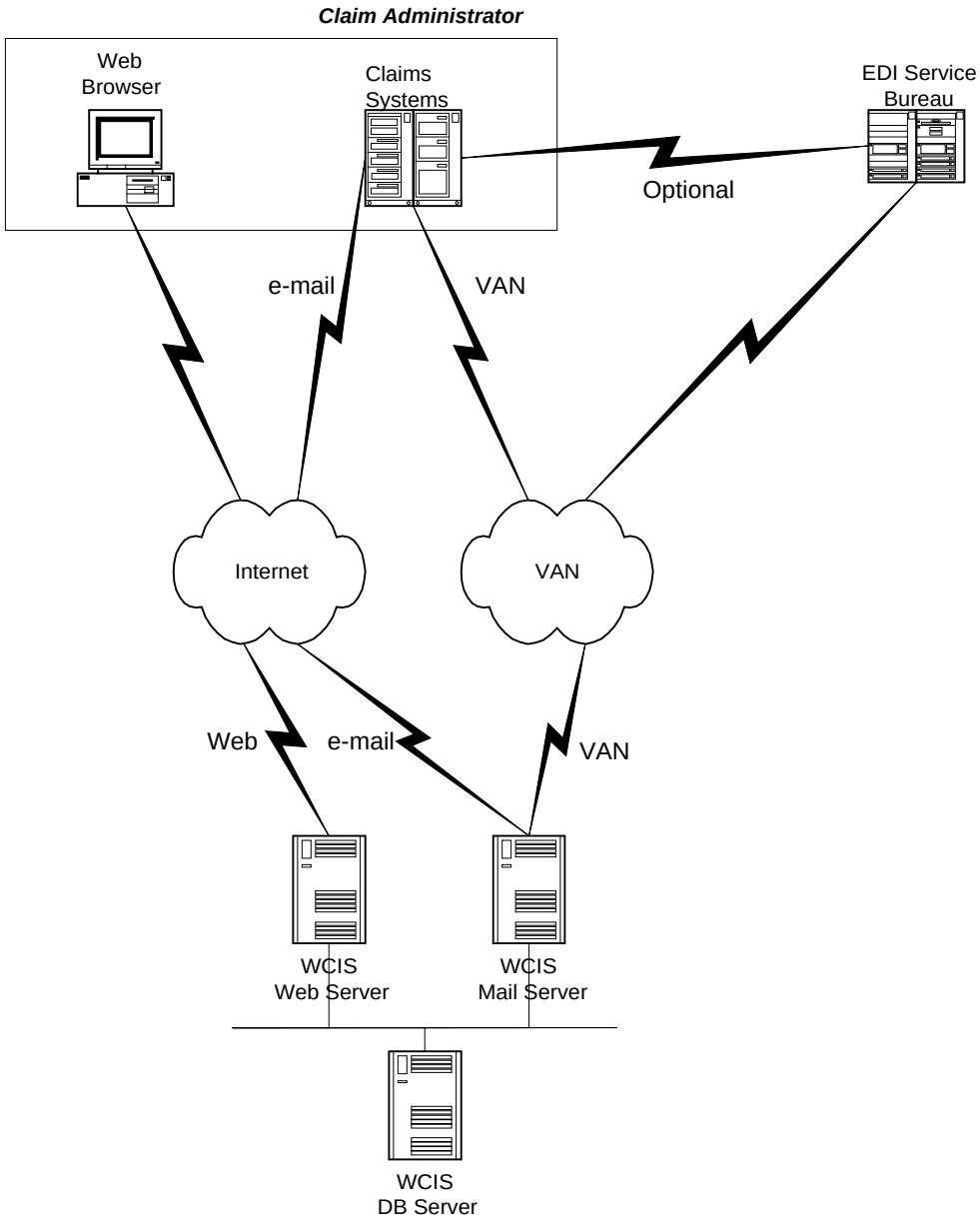
After completing the test phase, proceed to Section G. Step 3: Complete the Pilot Phase.

Tips on using the Web

- All data entered into WCIS-EZ must be real data (unless you log in as "Visitor"). NO FAKE DATA ARE ALLOWED.
- The Division of Workers' Compensation reserves the right to revoke accessibility rights to the system at any time for any unauthorized use or misuse.

- The system will automatically disconnect you from our server after 20 minutes of inactivity.
- Only one account is allowed per Trading Partner. Do not create a new account or alter your current account without permission from the Division. Making certain changes to your account may result in WCIS not being able to process your submissions.
- Keep the Digital Certificate current. If a Digital Certificate has expired, you may not be able to access our web site.

Transmission Pathways



Section J
EDI Service Providers

Introduction to EDI Service Providers J-2

Providers of consultation, technical support, VAN service, and/or software products..... J-3

Organizations providing data collection agent services J-5

Introduction to EDI Service Providers

Claims administrators seeking assistance in implementing EDI may wish to consult one or more of the EDI service providers listed on the following pages. Many of these firms offer a full range of EDI-related services: consultation, technical support, value added network (VAN) services, and/or software products. These products and services can make it possible for claims administrators to successfully transmit data via EDI, without themselves becoming knowledgeable about record layouts, file formats, event triggers, or other EDI details.

Another alternative to developing a complete EDI system is to contract for the services of a data collection agent. For a fee, a data collection agent will receive paper forms by fax or mail, enter the data, and transmit it by EDI to state agencies or other electronic commerce trading partners.

The California Division of Workers' Compensation does not have a process for granting "approvals" to any EDI service providers. The listings below are simply of providers known to the Division. The lists will be updated as additional resources become known. The most up-to date version of these listings can be accessed through the WCIS home page (http://www.dir.ca.gov/DWC/WCIS.htm).

Appearance on the following lists does not in any way constitute an endorsement of the companies listed or a guarantee of the services they provide. Other companies not listed may be equally capable of providing EDI-related services.

Note to suppliers of EDI-related services: Please contact wcis@dir.ca.gov if you wish to have your organization added or removed, or if you wish to update the contact information.

Providers of consultation, technical support, value added network (VAN) service, and/or software products:

Celerity Technologies, Inc. www.celeritytech.com Jodi Carpenter, Account Manager 5115 Parkcenter Avenue, Suite 250 Dublin, OH 43017 Telephone: (800) 810-3477 ext. 816 Fax: (614)792-6657 E-mail: jcarpenter@celeritytech.com	IBM Global Network / Advantis www.ibm.com/globalnetwork/ IBM Global Services P.O. Box 30021 Tampa, FL 33630 Telephone: (800) 655-8865 E-mail: globalnetwork@info.ibm.com
ecDATAFLOW.com, Inc. (previously SAC3 and Regents Electronics) www.ecDataFlow.com Scott Lund, VP Marketing 3322 Memorial Pkwy, Suite 423 Huntsville, AL 35801-5368 Telephone: (256) 882-1610 E-mail: slund@ecdataflow.com	ClaimPort, Inc. (previously UniClaim) www.claimport.com Robbie Tanner, Director of EDI Technical Development 7223 W. 95th Street, Suite 325 Overland Park, KS 66212 Telephone: (800) 497-7353 ext. 5388 Fax: (913) 327-5376 E-mail: rtanner@claimport.com
Sterling Commerce www.sterlingcommerce.com Peter Wellman, Senior Account Exec. 2175 North California Blvd., Suite 425 Walnut Creek, CA 94596 Telephone: (925) 299-2440 Fax: (925) 296-1850	Forms On-A-Disk, Inc. www.e-forms.net Susan Parma 11551 Forest Central Drive, Suite 205 Dallas, TX 75243-3915 Telephone: (324) 340-9429 E-mail: sales@e-forms.net
StellarNet, Inc www.stellarnetinc.com John R. Stevens, CEO 124 Beale Street, Suite 400 San Francisco, CA 94105-1811 Telephone: (415) 882-5700 Fax: (415) 882-5718 E-mail: rtwfast@ibm.net	HealthTech, Inc. www.health-tech.net Mark R. Hughes, President 11730 W. 135th Street, Suite 31 Overland Park, KS 66221 Telephone: (913) 764-9347 Fax: (913) 764-0572 E-mail: mhughes@health-tech.net

Providers of consultation, technical support, VAN service, and/or software products, continued:

MountainView Software Corp. www.mvsc.com Orson Whitmer, Sales Manager 1133 North Main St., Suite 103 Layton, UT 84041 Telephone (888) 533-1122 Fax (801) 544-3138 E-mail: Orson@mvsc.com	PALARCO, Inc. www.palarco.com Joshua Marcus Raritan Plaza 3, 101 Fieldcrest Ave. Edison, NJ 08837 Telephone (732) 417-2886 Fax (732) 417-2138 E-Mail: jmarcus@palarco.com
CompData www.wcab.net Ron Diller P.O. Box 729 Seal Beach, CA 90740-0729 Telephone: (800) 493-6652 Fax: (562) 493-1550 E-mail: compdata@wcab.net	Workcomp.net www.workcomp.net Tim Marienau, President PO Box 21277 Des Moines, IA 50321 Telephone: (800) 928-2667 Fax: (515) 287-4096 E-mail: tim@workcomp.net
Valley Oak Systems www.valleyoak.com David Turner, Vice President 3189 Danville Blvd., Suite # 255 Alamo, CA 94507 Telephone: (925) 552-1650 Fax: (925) 552-1656 E-mail: dturner@valleyoak.com	David Corp. www.Davidcorp.com Chris Carpenter, President 130 Battery St, Sixth floor San Francisco, CA 94111 Telephone: (800) 553-2843 Fax: (415) 362-5010 E-mail: support@davidcorp.com
Marsh Risk Consulting Risk & Insurance Services Chuck Wight, Senior Vice President Three Embarcadero Center San Francisco, CA 94111 Telephone: (415) 743-8191 Fax: (415) 743-8037 E-mail: Chuck.Wight@marshmc.com	Workcompcentral.com, Inc. www.workcompcentral.com David J. DePaolo, CEO, President 124 Mainsail Court Hueneme Beach, CA 93041 Telephone: (805) 488-6873 Fax: (707) 221-7992 E-mail: david-depaolo@workcompcentral.com

Providers of consultation, technical support, VAN service, and/or software products, continued:

Risk Management Technologies / STARS Marsh Risk & Insurance Services http://www.starsinfo.com Chris Dempsey One California St. San Francisco, CA 94111 Telephone: (415) 743-8293 Fax: (415) 743-7789 E-mail: Christopher.k.dempsey@marshmc.com	

Organizations providing data collection agent services:

Celerity Technologies, Inc. (800) 810-3477	First Image (800) 669-9227
Corporate Systems (800) 927-3343	MedWorks (606) 275-1632
Concentra Managed Care, Inc. (617) 367-2163	ecDATAFLOW.com, Inc (256) 882-1610
HealthTech, Inc. (913) 764-9347	Willis Corroon Administrative Services (615) 872-4075
Palarco, Inc. (732) 417-2886	CompData (800) 493-6652
Workcomp.net (800) 928-2667	Valley Oak Systems (925) 552-1650
Workcompcentral.com, Inc. (805) 488-6873	David Corp. (800) 553-2843
Risk Management Technologies (415) 743-8293	

SECTION K
Events that Trigger Required EDI Reports

Release 1..... K-2
First Report of Injury.....K-2
Subsequent Report of Injury.....K-4
Annual Summary.....K-6

Release 2..... K-3
First Report of Injury.....K-3
Subsequent Report of Injury.....K-5
Annual Summary.....K-6

Release 1

First Report of Injury

For claims with date of injury March 1, 2000 or later.

MTC†	Event	Time Report is Due
00	A new Employer's Report OR A new Doctor's First Report of Injury OR An Application for Adjudication OR Information that an injury requires medical treatment by a physician.	Within 5 business days (report all data known to the claims administrator)
01	A previously sent First Report was sent in error.	Within 10 business days of event
02	Previously sent First Report was incomplete.	Within 60 days of original first report submission
02	Data in previous First Report has changed.	By next date a submission is due for the claim
AU	Claim acquired from another claims administrator.	Within 10 business days of event
CO	Correction of previously reported data, in response to an error message from WCIS.	By next date a submission is due for the claim
04	Denial of Claim.	Within 10 business days of event

†MTC is the Maintenance Type Code. The MTC is included in all EDI transactions to identify the type of transaction that is being reported.

Release 2

First Report of Injury

For claims with date of injury March 1, 2000 or later.

MTC†	Event	Time Report is Due
00	A new Employer's Report OR A new Doctor's First Report of Injury OR An Application for Adjudication OR Information that an injury requires medical treatment by a physician.	Within 5 business days (report all data known to the claims administrator)
01	A previously sent First Report was sent in error.	Within 10 business days of event
02	Previously sent First Report was incomplete.	Within 60 days of original first report submission
02	Data in previous First Report has changed.	By next date a submission is due for the claim
AQ	Claim acquired from another claims administrator.	Within 10 business days of event
AU	Sent in response to MTC AQ rejection. A first report for a new claims administrator.	Within 10 business days of event
UI	Claim is under investigation.	Within 10 business days of event
CO	Correction of previously reported data, in response to an error message from WCIS.	By next date a submission is due for the claim
04	Claim is denied.	Within 10 business days of event

†MTC is the Maintenance Type Code. The MTC is included in all EDI transactions to identify the type of transaction that is being reported.

Release 1

Subsequent Report of Injury

For claims with date of injury July 1, 2000 or later.

MTC[†]	Event	Time Report is Due
IP	Initial payment of a benefit.	Within 10 business days of event
AP	First payment of benefits on a claim acquired from another claim administrator.	Within 10 business days of event
FS	Employer is paying the injured worker's salary.	Within 10 business days of event
CD	Injured worker died because of a covered injury.	Within 10 business days of event
04	Claim is denied.	Within 10 business days of event
4P	A concurrent benefit has been denied.	Within 10 business days of event
02	A previous benefit report has changed or Employee representation has changed. (Do not include changes in weekly benefit rates / benefit type).	By next date a submission is due for the claim
CA	The weekly benefit rate has changed.	Within 10 business days of event
CB	Current benefit type is ending; new benefit type is beginning.	Within 10 business days of event
RE	The injured worker may return to work with reduced earnings.	Within 10 business days of event
P1/S1[*]	Employee returned to work, payments stopped.	Within 10 business days of event
P2/S2[*]	There is a medical noncompliance, payments stopped.	Within 10 business days of event
P3/S3[*]	There is an administrative noncompliance, payments stopped.	Within 10 business days of event
P4/S4[*]	Employee died, payments stopped.	Within 10 business days of event
P5/S5[*]	Employee is incarcerated, payments stopped.	Within 10 business days of event
S6	Employee's whereabouts unknown, payments stopped.	Within 10 business days of event
P7/S7[*]	Benefits exhausted, payments stopped.	Within 10 business days of event
S8	Jurisdiction changed, payments stopped.	Within 10 business days of event
P9/S9[*]	A settlement is pending, payments stopped.	Within 10 business days of event
PJ/SJ[*]	An appeal or review is pending, payments stopped.	Within 10 business days of event
RB	Benefits are being reinstated after a suspension.	Within 10 business days of event
PY	A lump sum settlement has been paid.	Within 10 business days of event
CO	Correction of previously reported data, in response to an error message from WCIS.	By next date a submission is due for the claim
FN#	Claim is closed.	Within 10 business days of event

[†]MTC is the Maintenance Type Code. The MTC is included in all EDI transactions to identify the type of transaction that is being reported.

[*]If one or more benefit payments continue after the suspension of a concurrent benefit payment, use the MTC beginning with the letter P to indicate partial suspension. If all benefit payments are being suspended, use the MTC beginning with the letter S.

#WCIS will support substitution of FN for final AN (annual summary).

Release 2

Subsequent Report of Injury

For claims with date of injury July 1, 2000 or later.

MTC[†]	Event	Time Report is Due
IP	Initial payment of a benefit.	Within 10 business days of event
AP	First payment of benefits on a claim acquired from another claim administrator.	Within 10 business days of event
EP	Employer is paying the injured worker's salary.	Within 10 business days of event
ER	Employer has resumed paying injured worker's salary.	Within 10 business days of event
CD	Injured worker died because of a covered injury.	Within 10 business days of event
UI	Claim is under investigation.	Within 10 business days of event
04	Claim is denied.	Within 10 business days of event
PD	A concurrent benefit has been denied.	Within 10 business days of event
02	A previous benefit report has changed or Employee representation has changed. (Do not include changes in weekly benefit rates / benefit type).	By next date a submission is due for the claim
CA	The weekly benefit rate has changed.	Within 10 business days of event
CB	Current benefit type is ending; new benefit type is beginning.	Within 10 business days of event
AB	An additional benefit type is beginning.	Within 10 business days of event
RE	The injured worker may return to work with reduced earnings.	Within 10 business days of event
P1/S1[*]	Employee returned to work, payments stopped.	Within 10 business days of event
P2/S2[*]	There is a medical noncompliance, payments stopped.	Within 10 business days of event
P3/S3[*]	There is an administrative noncompliance, payments stopped.	Within 10 business days of event
P4/S4[*]	Employee died, payments stopped.	Within 10 business days of event
P5/S5[*]	Employee is incarcerated, payments stopped.	Within 10 business days of event
S6	Employee's whereabouts unknown, payments stopped.	Within 10 business days of event
P7/S7[*]	Benefits exhausted, payments stopped.	Within 10 business days of event
S8	Jurisdiction changed, payments stopped.	Within 10 business days of event
P9/S9[*]	A settlement is pending, payments stopped.	Within 10 business days of event
SD	The jurisdiction ordered a suspension, payments stopped.	Within 10 business days of event
PJ/SJ[*]	An appeal or review is pending, payments stopped.	Within 10 business days of event
RB	Benefits are being reinstated after a suspension.	Within 10 business days of event
PY	A lump sum settlement has been paid.	Within 10 business days of event
CO	Correction of previously reported data, in response to an error message from WCIS.	By next date a submission is due for the claim
FN#	Claim is closed.	Within 10 business days of event

[†]MTC is the Maintenance Type Code. The MTC is included in all EDI transactions to identify the type of transaction that is being reported.

[*]If one or more benefit payments continue after the suspension of a concurrent benefit payment, use the MTC beginning with the letter P to indicate partial suspension. If all benefit payments are being suspended, use the MTC beginning with the letter S.

#WCIS will support substitution of FN for final AN (annual summary).

Release 1 and Release 2

Annual Summary*

For claims with date of injury March 1, 2000 or later.

MTC†	Event	Time Report is Due
AN#	Summary of payments through the previous year for each claim that had a payment in the previous year.	By January 31 for the preceding year (starting in 2001)

*WCIS will only support the AN (Annual) and the FN (Final) periodic reports. Any other periodic reports will be rejected.

†MTC is the Maintenance Type Code. The MTC is included in all EDI transactions to identify the type of transaction that is being reported.

#WCIS will support substitution of final AN for FN (Final) provided AN changes claim status to closed.

Section L
Required Data Elements

This section indicates the data elements that are to be included in EDI transmission of First Reports of Injury, Releases 1 and 2 and Subsequent Report of Injury, Release 2. Specific requirements depend upon the type of transaction reported (original report, change, correction, etc.) The transaction type is identified by the Maintenance Type Code, or MTC.

To fully understand the reporting requirements for each data element, please see **both** the data requirement tables and the associated conditional rules and implementation notes. The "Conditional Rules and Implementations Notes" tables provide data-element-specific details on when conditional requirements apply, as well as California implementation notes.

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WCIS Data Requirement Codes

The WCIS incorporates flexible data handling. Rather than requiring all data elements on all reports, WCIS specifies a minimal list of data items that must be provided in a given situation. Each data element is designated as Mandatory, Conditional, or Optional for each transaction type. Validity errors for required data elements are designated Fatal, Serious, or Minor.

The table below describes the designations of data requirements in the WCIS. The data requirements tables that follow specify which designation applies for each data element on a given transaction.

Code		Description
M/F	Mandatory/ Fatal	Reporting is Mandatory. Validity errors are Fatal and will result in rejection of the faulty record.
M/S	Mandatory/ Serious	Reporting is Mandatory. Validity errors are Serious: WCIS will accept the faulty record but will produce an error message.
M/M	Mandatory/ Minor	Reporting is Mandatory. Validity errors are regarded as Minor. No error message will be returned. Errors will be tracked internally and may be summarized periodically for each claims administrator.
C/F	Conditional/ Fatal	Reporting is Conditional. Validity errors are Fatal when reporting conditions are present and will result in rejection of the faulty record.
C/S	Conditional/ Serious	Reporting is Conditional. Validity errors are Serious when the reporting conditions are present. WCIS will accept the faulty record, but will produce an error message.
C/M	Conditional/ Minor	Reporting is Conditional. Validity errors are regarded as Minor, often because WCIS cannot detect the conditions under which these elements should be reported. No error message will be produced.
O	Optional	Reporting is Optional. No error messages will be produced.
*		An asterisk added to a requirement code indicates that the edit will only be tested if the relevant record or sub-record is supplied. Note that for Release 1 there may be requirements on DN78-DN82 to require that at least one sub-record be sent.

Note: Error severity levels may evolve over time. Ample notification will be provided of any planned changes.

Data Requirements for First Reports of Injury
Release 1

DN#	Release 1 Data Element Name	Maintenance Type Codes					
		Original	Acquired / Unallocated	Cancel	Denial	Change	Correction
		00	**AU**	**01**	**04**	**02**	**CO**
	Transaction						
1	**Transaction Set Id**	M/F	M/F	M/F	M/F	M/F	M/F
2	**Maintenance Type Code**	M/F	M/F	M/F	M/F	M/F	M/F
3	**Maintenance Type Code Date**	M/F	M/F	M/F	M/F	M/F	M/F
	Jurisdiction						
4	**Jurisdiction**	M/F	M/F	M/F	M/F	M/F	M/F
	Insurer						
6	**Insurer FEIN**	M/F	M/F	M/F	M/F	M/F	M/F
7	**Insurer Name**	M/F	M/F		M/F	M/S	M/S
	Claim Administrator						
8	**Third Party Administrator FEIN**	C/M	C/M	C/M	C/M	C/M	C/M
9	**Third Party Administrator Name**	C/M	C/M		C/M	C/M	C/M
10	**Claim Administrator Address Line 1**	M/M	M/M		M/M	M/M	M/M
11	**Claim Administrator Address Line 2**	C/M	C/M		C/M	C/M	C/M
12	**Claim Administrator City**	M/M	M/M		M/M	M/M	M/M
13	**Claim Administrator State**	M/M	M/M		M/M	M/M	M/M
14	**Claim Administrator Postal Code**	M/S	M/S		M/S	M/S	M/S
	Employer						
16	**Employer FEIN**	M/S	M/S		M/S	M/S	M/S
18	**Employer Name**	M/S	M/S		M/F	M/S	M/S
19	**Employer Address Line 1**	M/M	M/M		M/M	M/M	M/M
20	**Employer Address Line 2**	C/M	C/M		C/M	C/M	C/M
21	**Employer City**	M/M	M/M		M/M	M/M	M/M
22	**Employer State**	M/M	M/M		M/M	M/M	M/M
23	**Employer Postal Code**	M/S	M/S		M/S	M/S	M/S
24	**Self Insured Indicator**	M/F	M/S		M/F	M/S	M/S

Data Requirements for First Reports of Injury
Release 1

DN#	Release 1 Data Element Name	Maintenance Type Codes					
		Original	Acquired / Unallocated	Cancel	Denial	Change	Correction
		00	**AU**	**01**	**04**	**02**	**CO**
	Accident						
31	**Date of Injury**	M/F	C/F		M/F	M/F	M/F
33	**Postal Code of Injury Site**	M/S	M/S		M/S	M/S	M/S
35	**Nature of Injury Code**	M/S	C/S		M/S	M/S	M/S
36	**Part of Body Injured Code**	M/S	C/S		M/S	M/S	M/S
37	**Cause of Injury Code**	M/S	M/S		M/S	M/S	M/S
38	**Accident Description/Cause**	M/M	M/M		M/M	M/M	M/M
39	**Initial Treatment**	O	O		O	O	O
40	**Date Reported to Employer**	M/S	M/S		M/M	M/S	M/S
41	**Date Reported to Claim Administrator**	M/S	M/S		M/S	M/S	M/S
	Claim						
5	**Agency Claim Number**		C/M	C/F	C/M	C/F	C/F
15	**Claim Administrator Claim Number**	M/F	M/F	C/F	M/F	M/F	M/F
26	**Insured Report Number**	O	O		O	O	O
	Employee						
42	**Social Security Number**	C/M	C/M		C/M	C/M	C/M
43	**Employee Last Name**	M/F	C/F		M/F	M/S	M/S
44	**Employee First Name**	M/F	C/F		M/F	M/S	M/S
45	**Employee Middle Initial**	C/M	C/M		C/M	C/M	C/M
46	**Employee Address Line 1**	M/M	M/M		M/M	M/M	M/M
47	**Employee Address Line 2**	C/M	C/M		C/M	C/M	C/M
48	**Employee City**	M/M	M/M		M/M	M/M	M/M
49	**Employee State**	M/M	M/M		M/M	M/M	M/M
50	**Employee Postal Code**	M/M	M/M		M/M	M/M	M/M
51	**Employee Phone**	C/M	C/M		C/M	C/M	C/M
52	**Employee Date of Birth**	M/S	M/S		M/S	M/S	M/S
53	**Gender Code**	M/S	M/S		M/S	M/S	M/S
54	**Marital Status Code**	C/S	C/S		C/S	C/S	C/S
55	**Number of Dependents**	C/S	C/S		C/S	C/S	C/S
56	**Date Disability Began**	C/M	C/M		C/M	C/M	C/M

Data Requirements for First Reports of Injury
Release 1

DN#	Release 1 Data Element Name	Maintenance Type Codes					
		Original	Acquired / Unallocated	Cancel	Denial	Change	Correction
		00	**AU**	**01**	**04**	**02**	**CO**
	Employee cont.						
68	**Date of Return to Work**	C/M	C/M		C/M	C/M	C/M
57	**Employee Date of Death**	C/M	C/M		C/M	C/M	C/M
	Employment						
58	**Employment Status Code**	M/M	M/M		M/M	M/M	M/M
59	**Class Code**	C/S	C/S		C/S	C/S	C/S
60	**Occupation Description**	M/S	M/S		M/S	M/S	M/S
61	**Date of Hire**	M/M	M/M		M/M	M/M	M/M
62	**Wage**	C/M	C/M		C/M	C/M	C/M
63	**Wage Period**	C/S	C/S		C/S	C/S	C/S
65	**Date Last Day Worked**	C/M	C/M		C/M	C/M	C/M
67	**Salary Continued Indicator**	M/M	M/M		M/M	M/M	M/M

Data Requirements for First Reports of Injury
Release 2

DN#	Release 2 Data Element Name	Maintenance Type Codes							
		Original	Acquired Claim	Acquired / Unallocated	Cancel	Under Investigation	Denial	Change	Correction
		00	**AQ**	**AU**	**01**	**UI**	**04**	**02**	**CO**
	Transaction								
2	**Maintenance Type Code**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
3	**Maintenance Type Code Date**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Jurisdiction								
4	**Jurisdiction Code**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Insurer								
6	**Insurer FEIN**	M/F	M/F	M/F	M/S	M/F	M/F	M/S	M/S
7	**Insurer Name**	M/F	M/F	M/F		M/F	M/F	M/S	M/S
	Claim Administrator								
187	**Claim Administrator Fein**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
188	**Claim Administrator Name**	M/F	M/F	M/F		M/F	M/F	M/S	M/S
10	**Claim Administrator Mailing Primary Address**	M/M		M/M		M/M	M/M	M/M	M/M
11	**Claim Administrator Mailing Secondary Address**	C/M		C/M		C/M	C/M	C/M	C/M
12	**Claim Administrator Mailing City**	M/M		M/M		M/M	M/M	M/M	M/M
13	**Claim Administrator Mailing State Code**	M/M		M/M		M/M	M/M	M/M	M/M
14	**Claim Administrator Mailing Postal Code**	M/S		M/S		M/S	M/S	M/S	M/S
	Employer								
16	**Employer FEIN**	C/S		C/S		C/S	C/S	C/S	C/S
329	**Employer UI Number**	C/S		C/S		C/S	C/S	C/S	C/S
18	**Employer Name**	M/S		M/S		M/S	M/F	M/S	M/S
19	**Employer Physical Primary Address**	M/M		M/M		M/M	M/M	M/M	M/M
20	**Employer Physical Secondary Address**	C/M		C/M		C/M	C/M	C/M	C/M
21	**Employer Physical City**	M/M		M/M		M/M	M/M	M/M	M/M
22	**Employer Physical State Code**	M/M		M/M		M/M	M/M	M/M	M/M
23	**Employer Physical Postal Code**	M/S		M/S		M/S	M/S	M/S	M/S
184	**Insured Type Code**	M/S		M/S		M/S	M/S	M/S	M/S
	Accident								
31	**Date of Injury**	M/F	C/F	M/F		M/F	M/F	M/F	M/F
33	**Accident Site Postal Code**	M/S		M/S		M/S	M/S	M/S	M/S
35	**Nature of Injury Code**	M/S	C/F	M/S		M/S	M/S	M/S	M/S
36	**Part of Body Injured Code**	M/S	C/F	M/S		M/S	M/S	M/S	M/S
37	**Cause of Injury Code**	M/S		M/S		M/S	M/S	M/S	M/S
38	**Accident/Injury Description Narrative**	M/M		M/M		M/M	M/M	M/M	M/M
39	**Initial Treatment Code**	O		O		O	O	O	O

Data Requirements for First Reports of Injury
Release 2

DN#	Release 2 Data Element Name	Maintenance Type Codes							
		Original	Acquired Claim	Acquired / Unallocated	Cancel	Under Investigation	Denial	Change	Correction
		00	**AQ**	**AU**	**01**	**UI**	**04**	**02**	**CO**
	Accident cont.								
40	**Date Employer Had Knowledge of the Injury**	M/S		M/S		M/S	M/M	M/S	M/S
41	**Date Claim Administrator Had Knowledge of the Injury**	M/S		M/S		M/S	M/S	M/S	M/S
146	**Death Result of Injury Code**	C/S		C/S		C/S	C/S	C/S	C/S
	Claim								
5	**Jurisdiction Claim Number**		C/F		C/F	C/M	C/M	C/F	C/F
15	**Claim Administrator Claim Number**	M/F		M/F	C/F	M/F	M/F	M/F	M/F
26	**Insured Report Number**	O		O		O	O	O	O
74	**Claim Type Code**	O		O		O	O	O	O
173	**Denial Reason Code**						M/S		
240	**Denial Effective Date**						M/S		
	Employee								
42	**Employee Social Security Number**	C/M	C/M	C/M		C/M	C/M	C/M	C/M
43	**Employee Last Name**	M/F	C/F	M/F		M/F	M/F	M/S	M/S
44	**Employee First Name**	M/F	C/F	M/F		M/F	M/F	M/S	M/S
45	**Employee Middle Name/Initial**	C/M		C/M		C/M	C/M	C/M	C/M
46	**Employee Mailing Primary Address**	M/M		M/M		M/M	M/M	M/M	M/M
47	**Employee Mailing Secondary Address**	C/M		C/M		C/M	C/M	C/M	C/M
48	**Employee Mailing City**	M/M		M/M		M/M	M/M	M/M	M/M
49	**Employee Mailing State Code**	M/M		M/M		M/M	M/M	M/M	M/M
50	**Employee Mailing Postal Code**	M/M		M/M		M/M	M/M	M/M	M/M
155	**Employee Mailing Country Code**	C/M		C/M		C/M	C/M	C/M	C/M
51	**Employee Phone Number**	C/M		C/M		C/M	C/M	C/M	C/M
52	**Employee Date of Birth**	M/S		M/S		M/S	M/S	M/S	M/S
53	**Employee Gender Code**	M/S		M/S		M/S	M/S	M/S	M/S
54	**Employee Marital Status Code**	C/S		C/S		C/S	C/S	C/S	C/S
55	**Employee Number of Dependents**	C/S		C/S		C/S	C/S	C/S	C/S
56	**Initial Date Disability Began**	C/M		C/M		C/M	C/M	C/M	C/M
189	**Return to Work Type Code**	C/M		C/M		C/M	C/M	C/M	C/M
224	**Physical Restrictions Indicator**	C/M		C/M		C/M	C/M	C/M	C/M
68	**Initial Return to Work Date**	C/M		C/M		C/M	C/M	C/M	C/M
57	**Employee Date of Death**	C/M		C/M		C/M	C/M	C/M	C/M
	Employment								
58	**Employment Status Code**	M/M		M/M		M/M	M/M	M/M	M/M
59	**Manual Classification Code**	C/S		C/S		C/S	C/S	C/S	C/S
60	**Occupation Description**	M/S		M/S		M/S	M/S	M/S	M/S
61	**Employee Date of Hire**	M/M		M/M		M/M	M/M	M/M	M/M
62	**Average Wage**	C/M		C/M		C/M	C/M	C/M	C/M
63	**Wage Period Code**	C/S		C/S		C/S	C/S	C/S	C/S
65	**Initial Date Last Day Worked**	C/M		C/M		C/M	C/M	C/M	C/M
67	**Salary Continued in Lieu of Compensation Indicator**	M/M		M/M		M/M	M/M	M/M	M/M

Conditional Rules and Implementation Notes
First Report of Injury: Release 1 and Release 2

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Transaction	
1	Transaction Set Id	
2	Maintenance Type Code	
3	Maintenance Type Code Date	
	Jurisdiction	
4	Jurisdiction Code	CALIFORNIA EDIT: Must be "CA".
	Insurer	
6	Insurer FEIN	If self-insured, provide Employer FEIN in this field.
7	Insurer Name	If self-insured, provide Employer Name in this field.
	Claim Administrator	
8	Third Party Administrator FEIN	
9	Third Party Administrator Name	
187	Claim Administrator Fein	
188	Claim Administrator Name	
10	Claim Administrator Mailing Primary Address	
11	Claim Administrator Mailing Secondary Address	
12	Claim Administrator Mailing City	
13	Claim Administrator Mailing State Code	
14	Claim Administrator Mailing Postal Code	
	Employer	
16	Employer FEIN	If employer has no FEIN, send "000000006"; If employer refuses to provide, send "000000007". Rel 2 only: If (MTC=00, AU, UI, or 04) AND Employer UI Number (DN329) missing, then Mandatory.
329	Employer UI Number	Rel. 2 only: If (MTC=00, AU, UI, or 04) AND Employer FEIN (DN16) missing, then Mandatory.
18	Employer Name	
19	Employer Physical Primary Address	
20	Employer Physical Secondary Address	
21	Employer Physical City	
22	Employer Physical State Code	
23	Employer Physical Postal Code	
24	Self Insured Indicator	
184	Insured Type Code	
	Accident	
31	Date of Injury	CALIFORNIA EDIT: Must be on or after 9/1/1999. Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory. Rel. 2: If MTC=AQ AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
33	Accident Site Postal Code	
35	Nature of Injury Code	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory. Rel. 2: If MTC=AQ AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
36	Part of Body Injured Code	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory. Rel. 2: If MTC=AQ AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
37	Cause of Injury Code	
38	Accident/Injury Description Narrative	
39	Initial Treatment Code	
40	Date Employer Had Knowledge of the Injury	
41	Date Claim Administrator Had Knowledge of the Injury	
146	Death Result of Injury Code	Rel. 2 only: If employee death date (DN57) provided or MTC=P4 or MTC=S4 or MTC=CD or [(MTC=FN) AND (DN85=010 or 510)], then Mandatory

Conditional Rules and Implementation Notes
First Report of Injury: Release 1 and Release 2

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Claim	
5	Jurisdiction Claim Number/Agency Claim Number	Rel 1: For FROI MTC=01, 02, CO and all Subsequent Reports: If (TPA FEIN [DN 8] and Insurer FEIN [DN 6] are missing) OR (Claim Admin Claim Number [DN15] is missing), then Agency Claim Number (DN5) is Mandatory. Rel 2: For FROI MTC=01, 02, CO and all Subsequent Reports: If (Claim Admin FEIN, [DN 187], is missing) OR (Claim Admin Claim Number, [DN15], is missing), then Jurisdiction Claim Number (DN5) is Mandatory. If MTC=AQ AND (DN31 null or DN35 null or DN36 null or DN43 null or DN44 null), then Mandatory.
15	Claim Administrator Claim Number	For FROI MTC=01 and all Subsequent Reports (except 02 & CO): If JCN (DN5) is missing, then Claim Administrator Claim Number (DN15) is Mandatory.
26	Insured Report Number	
74	Claim Type Code	
173	Denial Reason Code	
240	Denial Effective Date	
	Employee	
42	Employee Social Security Number	
43	Employee Last Name	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory. Rel. 2: If MTC=AQ AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
44	Employee First Name	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory. Rel. 2: If MTC=AQ AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
45	Employee Middle Name/Initial	
46	Employee Mailing Primary Address	
47	Employee Mailing Secondary Address	
48	Employee Mailing City	
49	Employee Mailing State	
50	Employee Mailing Postal Code	
155	Employee Mailing Country Code	
51	Employee Phone Number	
52	Employee Date of Birth	
53	Employee Gender Code	
54	Employee Marital Status Code	Rel. 1: If (MTC=00, AU, 04, 02 or CO) AND (Date of Death provided), then Mandatory. Rel. 2: If (MTC=00, AU, UI, 04, 02 or CO) AND (Death Result of Injury Indicator, DN146=Y), then Mandatory.
55	Employee Number of Dependents	Rel. 1: If (MTC=00, AU, 04, 02 or CO) AND (Date of Death provided), then Mandatory. Rel. 2: If (MTC=00, AU, UI, 04, 02 or CO) AND (Death Result of Injury Indicator, DN146=Y), then Mandatory.
56	Initial Date Disability Began	
144	Current Date Disability Began	
70	Date of Maximum Medical Improvement	
71	Return to Work Qualifier	
189	Return to Work Type Code	
224	Physical Restrictions Indicator	
68	Initial Return to Work Date	
72	Current Return to Work Date	
228	Returned to Work with Same Employer Indicator	
57	Employee Date of Death	

Conditional Rules and Implementation Notes
First Report of Injury: Release 1 and Release 2

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Employment	
58	Employment Status Code	
59	Manual Classification Code	Rel. 1: If (MTC=00, AU, 04, 02 or CO) AND Self Insured Indicator (DN24)=N, then Mandatory. Rel. 2: If (MTC=00, AU, UI, 04, 02 or CO) AND Insured Type Code (DN184)=I, then Mandatory.
60	Occupation Description	
61	Employee Date of Hire	
62	Average Wage	
63	Wage Period Code	If Average Wage (DN62) provided, then Mandatory.
65	Initial Date Last Day Worked	
145	Current Date Last Day Worked	
67	Salary Continued in Lieu of Compensation Indicator	

Data Requirements for Subsequent Report of Injury
Release 1

DN#	Release 1 Data Element Name	Maintenance Type Code																
		Initial Payment	Acquired Payment	Full Salary	Compens-able Death	Partial Denial	Denial	Change in Amount	Change in Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change	Correction	Payment	Final	Annual
		IP	**AP**	**FS**	**CD**	**4P**	**04**	**CA**	**CB**	**RE**	**P1-9, PJ**	**S1-9, SJ**	**RB**	**02**	**CO**	**PY**	**FN**	**AN**
	Transaction																	
1	**Transaction Set Id**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
2	**Maintenance Type Code**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
3	**Maintenance Type Code Date**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Jurisdiction																	
4	**Jurisdiction**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Insurer																	
6	**Insurer FEIN**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Claim Administrator																	
8	**Third Party Administrator FEIN**	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M
14	**Claim Administrator Postal Code**													M/S	M/S			
	Accident																	
31	**Date of Injury**													M/F	M/F			
	Claim																	
5	**Agency Claim Number**	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F
15	**Claim Administrator Claim Number**	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	M/F	M/F	C/F	C/F	C/F
26	**Insured Report Number**													O	O			
73	**Claim Status**					M/S	M/S							M/S	M/S	M/S	M/S	O
74	**Claim Type**	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
76	**Date of Representation**	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M

Data Requirements for Subsequent Report of Injury
Release 1

DN#	Release 1 Data Element Name	Maintenance Type Code															
		Initial Payment	Acquired Payment	Full Salary	Compens-able Death	Partial Denial	Denial	Change in Amount	Change in Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change	Correction	Payment	Final	Annual
		IP	**AP**	**FS**	**CD**	**4P**	**04**	**CA**	**CB**	**RE**	**P1-9, PJ**	**S1-9, SJ**	**RB**	**02**	**CO**	**PY**	**FN**	**AN**
	Employee																	
42	**Social Security Number**													C/M	C/M			
55	**Number of Dependents**													C/S	C/S			
56	**Date Disability Began**	C/S	C/M	C/S					C/S				C/S	C/S	C/S			
70	**Date of Maximum Medical Improvement**	C/S	C/S						C/S					C/S	C/S			
71	**Return to Work Qualifier**	C/M	C/M	C/M				C/M	C/M	M/S	C/S	C/S		C/M	C/M			
72	**Date of Return/Release to Work**	C/M	C/M	C/M				C/M	C/M	M/S	C/S	C/S		C/M	C/M			
57	**Employee Date of Death**				M/S						C/S	C/S		C/M	C/M		C/S	
	Employment																	
62	**Wage**	M/S	M/S					M/S	M/S					M/S	M/S			
63	**Wage Period**	M/S	M/S					M/S	M/S					M/S	M/S			
67	**Salary Continued Indicator**			M/M										M/M	M/M			
	Variable Segment (Rel. 1 tech elements)																	
78	**Number of Permanent Impairments**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
79	**Number of Payments/Adjustments**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
80	**Number of Benefit Adjustments**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
81	**Number of Paid to Dates/Reduced Earnings/Recoveries**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
82	**Number of Death Dependent/Payee Relationships**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Permanent Impairments																	
83	**Permanent Impairment Body Part Code**	C/S*	C/S*						C/S*					C/S*	C/S*	C/S*	C/S*	
84	**Permanent Impairment Percentage**	C/S*	C/S*						C/S*					C/S*	C/S*	C/S*	C/S*	
	Benefit Payments																	
85	**Payment/Adjustment Code**	M/F*	M/F*	M/F*		M/S*		M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/S*	C/S*	C/S*
86	**Payment/Adjustment Paid to Date**	M/F*	M/F*	M/F*				M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/S*	C/S*	C/S*
87	**Payment/Adjustment Weekly Amount**	O	O	O		O		O	O	O	O	O	O	O	O	O	O	O
88	**Payment/Adjustment Start Date**	M/F*	M/F*	M/F*		C/F*		M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	C/F*	C/F*			
89	**Payment/Adjustment End Date**	M/F*	M/F*	M/F*		C/F*		M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	C/F*	C/F*			
90	**Payment/Adjustment Weeks Paid**	O	O	O		O		O	O	O	O	O	O	O	O			
91	**Payment/Adjustment Days Paid**	O	O	O		O		O	O	O	O	O	O	O	O			

Data Requirements for Subsequent Report of Injury
Release 1

DN#	Release 1 Data Element Name	Maintenance Type Code															
		Initial Payment	Acquired Payment	Full Salary	Compens-able Death	Partial Denial	Denial	Change in Amount	Change in Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change	Correction	Payment	Final	Annual
		IP	**AP**	**FS**	**CD**	**4P**	**04**	**CA**	**CB**	**RE**	**P1-9, PJ**	**S1-9, SJ**	**RB**	**02**	**CO**	**PY**	**FN**	**AN**
	Benefit Adjustments																	
92	**Benefit Adjustment Code**	C/M	C/M	C/M				C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M			
93	**Benefit Adjustment Weekly Amount**	C/M	C/M	C/M				C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M			
94	**Benefit Adjustment Start Date**	C/M	C/M	C/M				C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M			
	Paid to Dates																	
95	**Paid to Date/Reduced Earnings/Recoveries Code**	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M		C/M	C/S*
96	**Paid to Date/Reduced Earnings/Recoveries Amount**	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M		C/M	C/S*
	Payments																	
77	**Late Reason Code**	C/M	C/M	C/M			C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	

DN#	Release 2 Data Element Name	Maintenance Type Code																			
		Initial Payment	Acquired Payment	Employer Paid	Employer Reinstate-ment	Compens-able Death	Under Invest-igation	Partial Denial	Denial	Change in Amount	Change in Benefit	Add Con-current Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change	Correction	Payment	Final	Annual
		IP	**AP**	**EP**	**ER**	**CD**	**UI**	**PD**	**04**	**CA**	**CB**	**AB**	**RE**	**P1-9, PJ**	**S1-9, SD, SJ**	**RB**	**02**	**CO**	**PY**	**FN**	**AN**
	Transaction																				
2	**Maintenance Type Code**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
3	**Maintenance Type Code Date**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Jurisdiction																				
4	**Jurisdiction Code**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Insurer																				
7	**Insurer Name**																If Change	If Error or Change			
	Claim Administrator																				
187	**Claim Administrator FEIN**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
188	**Claim Administrator Name**																If Change	If Error or Change			
10	**Claim Administrator Mailing Primary Address**																If Change	If Error or Change			
11	**Claim Administrator Mailing Secondary Address**																If Change	If Error or Change			
12	**Claim Administrator Mailing City**																If Change	If Error or Change			
13	**Claim Administrator Mailing State Code**																If Change	If Error or Change			
14	**Claim Administrator Mailing Postal Code**																If Change	If Error or Change			
	Employer																				
16	**Employer FEIN**																If Change	If Error or Change			
329	**Employer UI Number**																If Change	If Error or Change			
18	**Employer Name**																If Change	If Error or Change			
19	**Employer Physical Primary Address**																If Change	If Error or Change			
20	**Employer Physical Secondary Address**																If Change	If Error or Change			
21	**Employer Physical City**																If Change	If Error or Change			
22	**Employer Physical State Code**																If Change	If Error or Change			
23	**Employer Physical Postal Code**																If Change	If Error or Change			
184	**Insured Type Code**																If Change	If Error or Change			

DN#	Release 2 Data Element Name	Maintenance Type Code																		
		Initial Payment	Acquired Payment	Employer Paid	Employer Reinstate-ment	Compens-able Death	Under Invest-igation	Partial Denial	Denial	Change in Amount	Change in Benefit	Add Con-current Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change	Correction	Payment	Final	Annual
		IP	**AP**	**EP**	**ER**	**CD**	**UI**	**PD**	**04**	**CA**	**CB**	**AB**	**RE**	**P1-9, PJ**	**S1-9, SD, SJ**	**RB**	**02**	**CO**	**PY**	**FN**	**AN**
	Accident																				
31	Date of Injury																If Change	If Error or Change			
33	Accident Site Postal Code																If Change	If Error or Change			
37	Cause of Injury Code																If Change	If Error or Change			
38	Accident/Injury Description Narrative																If Change	If Error or Change			
40	Date Employer Had Knowledge of the Injury																If Change	If Error or Change			
41	Date Claim Administrator Had Knowledge of the Injury																If Change	If Error or Change			
146	Death Result of Injury Code					M/S								C/S	C/S		If Change	If Error or Change		C/S	
	Claim																				
5	Jurisdiction Claim Number	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F
15	Claim Administrator Claim Number	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	M/F	M/F	C/F	C/F	C/F
26	Insured Report Number																O	O			
73	Claim Status							M/S	M/S										M/S	M/S	
74	Claim Type Code	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
76	Date Claim Administrator Notified of Employee Representation	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M
173	Denial Reason Code							M/S	M/S												
240	Denial Effective Date							M/S	M/S												
	Employee																				
42	Employee Social Security Number																C/M	C/M			
43	Employee Last Name																If Change	If Error or Change			
44	Employee First Name																If Change	If Error or Change			
45	Employee Middle Name/Initial																If Change	If Error or Change			
46	Employee Mailing Primary Address																If Change	If Error or Change			
47	Employee Mailing Secondary Address																If Change	If Error or Change			
48	Employee Mailing City																If Change	If Error or Change			
49	Employee Mailing State																If Change	If Error or Change			
50	Employee Mailing Postal Code																If Change	If Error or Change			
155	Employee Mailing Country Code																If Change	If Error or Change			
51	Employee Phone Number																If Change	If Error or Change			
52	Employee Date of Birth																If Change	If Error or Change			

DN#	Release 2 Data Element Name	Maintenance Type Code																		
		Initial Payment	Acquired Payment	Employer Paid	Employer Reinstate-ment	Compens-able Death	Under Invest-igation	Partial Denial	Denial	Change in Amount	Change in Benefit	Add Con-current Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change	Correction	Payment	Final	Annual
		IP	**AP**	**EP**	**ER**	**CD**	**UI**	**PD**	**04**	**CA**	**CB**	**AB**	**RE**	**P1-9, PJ**	**S1-9, SD, SJ**	**RB**	**02**	**CO**	**PY**	**FN**	**AN**
	Employee cont.																				
53	Employee Gender Code																If Change	If Error or Change			
54	Employee Marital Status Code																If Change	If Error or Change			
55	Employee Number of Dependents																If Change	If Error or Change			
56	Initial Date Disability Began	C/S	C/M	C/S			C/M										If Change	If Error or Change			
144	Current Date Disability Began	C/S	C/S	M/S	C/S						C/S					C/S					
70	Date of Maximum Medical Improvement	C/S	C/S								C/S	C/S									
189	Return to Work Type Code	C/M	C/M	C/M						C/M	C/M		M/S	C/S	C/S						
224	Physical Restrictions Indicator									C/M	C/M		M/S	C/S	C/S						
68	Initial Return to Work Date													C/S	C/S						
72	Current Return to Work Date	C/M	C/M	C/M						C/M	C/M		M/S	C/S	C/S		C/M	C/M			
228	Returned to Work with Same Employer Indicator	C/S	C/S	C/S						C/S	C/S		M/S	C/S	C/S						
57	Employee Date of Death					M/S								C/S	C/S		C/M	C/M		C/S	
	Employment																				
58	Employment Status Code	M/S	M/S	M/S						M/S	M/S	M/S	M/S				M/S*	M/S*			
59	Manual Classification Code																C/S*	C/S*			
60	Occupation Description																M/S*	M/S*			
61	Employee Date of Hire																M/M*	M/M*			
62	Average Wage	M/S	M/S							M/S	M/S	M/S					M/S*	M/S*			
63	Wage Period Code	M/S	M/S							M/S	M/S	M/S					M/S*	M/S*			
65	Initial Date Last Day Worked																C/M	C/M			
145	Current Date Last Day Worked	C/S	C/S	C/S	C/S						C/S	C/S	C/S			C/S	C/S*	C/S*			
67	Salary Continued in Lieu of Compensation Indicator			M/M	M/M												M/M*	M/M*			
	Financial Reporting																				
227	Reporting Period Code																				M/S
	Permanent Impairments																				
83	Permanent Impairment Body Part Code	C/S*	C/S*								C/S*	C/S*					C/S*	C/S*	C/S*	C/S*	
84	Permanent Impairment Percentage	C/S*	C/S*								C/S*	C/S*					C/S*	C/S*	C/S*	C/S*	
	Benefit Payments																				
85	Benefit Type Code	M/F*	M/F*	M/F*	M/F*			M/S*		M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	C/S*	C/S*	C/S*
174	Gross Weekly Amount	M/F*	M/F*	M/F*	M/F*					M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*			
86	Benefit Type Amount Paid	M/F*	M/F*	M/F*	M/F*					M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	C/S*	C/S*	C/S*
87	Net Weekly Amount	O	O	O	O			O		O	O	O	O	O	O	O	O	O	O	O	O

DN#	Release 2 Data Element Name	Maintenance Type Code																		
		Initial Payment	Acquired Payment	Employer Paid	Employer Reinstate-ment	Compens-able Death	Under Invest-igation	Partial Denial	Denial	Change in Amount	Change in Benefit	Add Con-current Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change	Correction	Payment	Final	Annual
		IP	**AP**	**EP**	**ER**	**CD**	**UI**	**PD**	**04**	**CA**	**CB**	**AB**	**RE**	**P1-9, PJ**	**S1-9, SD, SJ**	**RB**	**02**	**CO**	**PY**	**FN**	**AN**
	Benefit Payments cont																				
88	**Benefit Period Start Date**	M/F*	M/F*	M/F*	M/F*			C/F*		M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	C/F*	C/F*			
89	**Benefit Period Through Date**	M/F*	M/F*	M/F*	M/F*			C/F*		M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	M/F*	C/F*	C/F*			
90	**Benefit Type Claim Weeks**	O	O	O	O			O		O	O	O	O	O	O	O	O	O			
91	**Benefit Type Claim Days**	O	O	O	O			O		O	O	O	O	O	O	O	O	O			
212	**Non-Consecutive Period**							O	0		O			O	O						
	Benefit Adjustments																				
92	**Benefit Adjustment Code**	C/M	C/M	C/M	C/M					C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M			
93	**Benefit Adjustment Weekly Amount**	C/M	C/M	C/M	C/M					C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M			
94	**Benefit Adjustment Start Date**	C/M	C/M	C/M	C/M					C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M			
125	**Benefit Adjustment End Date**	C/M	C/M	C/M	C/M					C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M			
	Benefit Credits																				
126	**Benefit Credit Code**	C/M	C/M	C/M	C/M					C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M			
129	**Benefit Credit Weekly Amount**	C/M	C/M	C/M	C/M					C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M			
127	**Benefit Credit Start Date**	C/M	C/M	C/M	C/M					C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M			
128	**Benefit Credit End Date**	C/M	C/M	C/M	C/M					C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M			
	Paid to Dates																				
216	**Other Benefit Type Code**	C/M	C/M	C/M	C/M	C/M		C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/S*	C/M	C/S*
215	**Other Benefit Type Amount**	C/M	C/M	C/M	C/M	C/M		C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/S*	C/M	C/S*
	Payments																				
77	**Late Reason Code**	C/M	C/M	C/M	C/M				C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	
222	**Payment Reason Code**																		O	O	
218	**Payment Amount**																		O	O	
195	**Payment Issue Date**	O	O													O			O	O	
241	**Settlement Type Code**																		O	O	
	Reduced Earnings																				
242	**Reduced Earnings Week Number**	O	O							O	O	O	O			O					
124	**Actual Reduced Earnings**	O	O							O	O	O	O			O					
147	**Deemed Reduced Earnings**	O	O							O	O	O	O			O					

Conditional Rules and Implementation Notes
Subsequent Report of Injury: Release 1 and Release 2

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Transaction	
1	Transaction Set Id	
2	Maintenance Type Code	If MTC = CB, RB, ER, or AB, then must be preceded by at least one previous benefit event of any BTC. If MTC = EP or ER, then must contain benefit record with BTC = 240 or 524. If MTC = RE, then must contain benefit record with BTC = 070 or 410. IF MTC = CD or FN, then all previusly reported benefit periods must be closed. If MTC = FN or AN, then must report all previously reported Benefit Type Codes. IF MTC = VE, BM, BW, MN, QT, or SA reported transaction will be rejected. Rel 2 only: If MTC = CB, then transaction must contain 2 benefit records.
3	Maintenance Type Code Date	
	Jurisdiction	
4	Jurisdiction	CALIFORNIA EDIT: Must be "CA".
	Insurer	
6	Insurer FEIN	If self-insured, provide Employer FEIN in this field.
7	Insurer Name	If self-insured, provide Employer Name in this field.
	Claim Administrator	
8	Third Party Administrator FEIN	
187	Claim Administrator FEIN	
188	Claim Administrator Name	
10	Claim Administrator Mailing Primary Address	
11	Claim Administrator Mailing Secondary Address	
12	Claim Administrator Mailing City	
13	Claim Administrator Mailing State Code	
14	Claim Administrator Mailing Postal Code	
	Employer	
16	Employer FEIN	If employer has no FEIN, send "000000006"; If employer refuses to provide, send "000000007". Rel 2 only: If (MTC=00, AU, UI, or 04) AND Employer UI Number (DN329) missing, then Mandatory.
329	Employer UI Number	Rel. 2 only: If (MTC=00, AU, UI, or 04) AND Employer FEIN (DN16) missing, then Mandatory.
18	Employer Name	
19	Employer Physical Primary Address	
20	Employer Physical Secondary Address	
21	Employer Physical City	
22	Employer Physical State Code	
23	Employer Physical Postal Code	
24	Self Insured Indicator	
184	Insured Type Code	
	Accident	
31	Date of Injury	CALIFORNIA EDIT: Must be on or after 9/1/1999.
33	Accident Site Postal Code	
35	Nature of Injury Code	
36	Part of Body Injured Code	
37	Cause of Injury Code	
38	Accident/Injury Description Narrative	
39	Initial Treatment Code	
40	Date Employer Had Knowledge of the Injury	
41	Date Claim Administrator Had Knowledge of the Injury	
146	Death Result of Injury Code	Rel. 2 only: If employee death date (DN57) provided or MTC=P4 or MTC=S4 or MTC=CD or [(MTC=FN) AND (DN85=010 or 510)], then Mandatory

Conditional Rules and Implementation Notes
Subsequent Report of Injury: Release 1 and Release 2

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Claim	
5	Jurisdiction Claim Number/Agency Claim Number	Rel 1: For FROI MTC=01, 02, CO and all Subsequent Reports: If (TPA FEIN [DN 8] and Insurer FEIN [DN 6] are missing) OR (Claim Admin Claim Number [DN15] is missing), then Agency Claim Number (DN5) is Mandatory. Rel 2: For FROI MTC=01, 02, CO and all Subsequent Reports: If (Claim Admin FEIN, [DN 187], is missing) OR (Claim Admin Claim Number, [DN15], is missing), then Jurisdiction Claim Number (DN5) is Mandatory. If MTC=AQ AND (DN31 null or DN35 null or DN36 null or DN43 null or DN44 null), then Mandatory.
15	Claim Administrator Claim Number	For FROI MTC=01 and all Subsequent Reports (except 02 & CO): If JCN (DN5) is missing, then Claim Administrator Claim Number (DN15) is Mandatory.
26	Insured Report Number	
73	Claim Status	
74	Claim Type Code	
76	Date Claim Administrator Notified of Employee Representation	
173	Denial Reason Code	
240	Denial Effective Date	
	Employee	
42	Employee Social Security Number	
43	Employee Last Name	
44	Employee First Name	
45	Employee Middle Name/Initial	
46	Employee Mailing Primary Address	
47	Employee Mailing Secondary Address	
48	Employee Mailing City	
49	Employee Mailing State	
50	Employee Mailing Postal Code	
155	Employee Mailing Country Code	
51	Employee Phone Number	
52	Employee Date of Birth	
53	Employee Gender Code	
54	Employee Marital Status Code	
55	Employee Number of Dependents	
56	Initial Date Disability Began	If reporting temporary disablity benefits (DN85=050, 051, or 070), then Mandatory.
144	Current Date Disability Began	Rel. 2 only: If starting or restarting temporary disablity benefits (DN85=050, 051, or 070), then Mandatory.
70	Date of Maximum Medical Improvement	If reporting permanent disability benefits (DN85=020, 021, 030, 040, or 090), then Mandatory.
71	Return to Work Qualifier	Rel. 1 only: If MTC=S1 or MTC=P1 (returned to work), then Mandatory.
189	Return to Work Type Code	Rel. 2 only: If MTC=S1 or MTC=P1 (returned to work), then Mandatory.
224	Physical Restrictions Indicator	Rel. 2 only: If MTC=S1 or MTC=P1 (returned to work), then Mandatory.
68	Initial Return to Work Date	If MTC=S1 or MTC=P1 (returned to work), then Mandatory.
72	Current Return to Work Date	If MTC=S1 or MTC=P1 (returned to work), then Mandatory.
228	Returned to Work with Same Employer Indicator	Rel. 2 only: If MTC=S1 or MTC=P1 (returned to work) or [(MTC=IP, AP, EP, CA or CB) AND DN189="A"], then Mandatory.
57	Employee Date of Death	If MTC=P4 or MTC=S4 or [MTC=FN and transaction includes any benefit type code (DN85) = 010 or 510], then Mandatory.
	Employment	
58	Employment Status Code	
59	Manual Classification Code	Rel. 1: If (MTC=00, AU, 04, 02 or CO) AND Self Insured Indicator (DN24)=N, then Mandatory. Rel. 2: If (MTC=00, AU, UI, 04, 02 or CO) AND Insured Type Code (DN184)=I, then Mandatory.
60	Occupation Description	
61	Employee Date of Hire	
62	Average Wage	
63	Wage Period Code	If Average Wage (DN62) provided, then Mandatory.
65	Initial Date Last Day Worked	
145	Current Date Last Day Worked	Rel. 2: If MTC = {IP, AP, EP, CB, AB, RB, ER, 02 or CO} AND Benefit Type Code = {050, 051, or 070}, then Mandatory.
67	Salary Continued in Lieu of Compensation Indicator	

Conditional Rules and Implementation Notes
Subsequent Report of Injury: Release 1 and Release 2

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Variable Segment (Rel. 1 tech elements)	
78	Number of Permanent Impairments	Rel. 1 EDIT: Must be >0 if [MTC={IP, AP, AB, CB, PY, FN, SROI 02 or SROI CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090}}]; SERIOUS error, R1 code = 062: required segment not present
79	Number of Payment Adjustments	FATAL EDIT: If [MTC={IP, AP, FS, CA, CB, RE, Px, Sx, or RB}] then DN 79 must be >0; SERIOUS EDIT: If[MTC=4P or (MTC=PY and DN 81 = 0) or (MTC={AN or FN} and Claim Administrator previously reported events with DN 86>0) then DN 79 must be > 0; R1 error code = 062: Required segment not present.
80	Number of Benefit Adjustments	
81	Number of Paid to Dates/Reduced Earnings/Recoveries	Release 1 EDIT: If [(MTC=PY and DN 79 = 0) or (MTC=AN and Claim Administrator previously reported events with DN86>0)] then must have DN81>0. FATAL Error, R1 code = 062: Required segment not present.
82	Number of Death Dependent/Payee Relationships	
	Financial Reporting	
227	Reporting Period Code	EDIT: Must be "CL" - total over life of claim.
	Permanent Impairments	
83	Permanent Impairment Body Part Code	Use Code 90 (Multiple Body Parts) to reflect combined rating for any/all impairments. Rel. 1: If [MTC={IP, AP, AB, CB, PY, FN, SROI 02 or SROI CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090}}] then Mandatory. Rel. 2: If [MTC={IP, AP, AB, CB, PY, FN, 02 or CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090}}] OR [Insured (DN184=I) AND MTC={PY or FN} AND making PD settlement (i.e., DN218>0 AND DN222={020, 021, 030, 040, or 090}}] then Mandatory.
84	Permanent Impairment Percentage	Report percent for DN83=90 (Multiple Body Parts) to reflect combined rating for any/all impairments. Rel. 1: If [MTC={IP, AP, AB, CB, PY, FN, SROI 02 or SROI CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090}}] then Mandatory. Rel. 2: If [MTC={IP, AP, AB, CB, PY, FN, 02 or CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090}}] OR [Insured (DN184=I) AND MTC={PY or FN} AND making PD settlement (i.e., DN218>0 AND DN222={020, 021, 030, 040, or 090}}] then Mandatory.
	Benefit Payments	
85	Benefit Type Code	Rel. 1: If [(MTC=AN or MTC=FN) AND database includes any open or closed benefit records with DN86>0], then Mandatory. (See also Implementation Note on DN 79). Rel 2: If [MTC=PY AND (DN222 and DN216 not provided)] OR [(MTC=AN or MTC=FN) AND database includes any open or closed benefit records with DN86>0], then Mandatory.
174	Gross Weekly Amount	
86	Benefit Type Amount Paid	Rel. 1: If [(MTC=AN or MTC=FN) AND database includes any open or closed benefit records with DN86>0], then Mandatory. (See also Implementation Note on DN 79). Rel 2: If [MTC=PY AND (DN222 and DN216 not provided)] OR [(MTC=AN or MTC=FN) AND database includes any open or closed benefit records with DN86>0], then Mandatory.
87	Net Weekly Amount	
88	Benefit Period Start Date	Note: If using DN85/DN86 to report a lump-sum payment or settlement (MTC=PY or FN), MTC Date is assumed to be payment issue date. Rel. 1: If {MTC=4P AND denying temporary disability or Voc. Rehab. Maintenance (DN85 = 050, 051, 070, or 410) } OR {(MTC=SROI 02 or CO) and (DN 86 > 0)} then Mandatory. Rel 2: If {MTC=PD AND denying temporary disability or Voc. Rehab. Maintenance (DN85 = 050, 051, 070, or 410)} OR {(MTC=SROI 02 or CO) and (DN 86 > 0)}, then Mandatory.
89	Benefit Period Through Date	EDIT: Must be >= Ben. Period Start Date (DN88). Note: If using DN85/DN86 to report a lump-sum payment or settlement (MTC=PY or FN), MTC Date is assumed to be payment issue date. Rel. 1: If {MTC=4P AND denying temporary disability or Voc. Rehab. Maintenance (DN85 = 050, 051, 070, or 410) } OR {(MTC=SROI 02 or CO) and (DN 86 > 0)} then Mandatory. Rel 2: If {MTC=PD AND denying temporary disability or Voc. Rehab. Maintenance (DN85 = 050, 051, 070, or 410)} OR {(MTC=SROI 02 or CO) and (DN 86 > 0)}, then Mandatory.
90	Benefit Type Claim Weeks	
91	Benefit Type Claim Days	
212	Non-Consecutive Period	
	Benefit Adjustments	
92	Benefit Adjustment Code	
93	Benefit Adjustment Weekly Amount	
94	Benefit Adjustment Start Date	
125	Benefit Adjustment End Date	

Conditional Rules and Implementation Notes
Subsequent Report of Injury: Release 1 and Release 2

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Benefit Credits	
126	Benefit Credit Code	
129	Benefit Credit Weekly Amount	
127	Benefit Credit Start Date	
128	Benefit Credit End Date	
	Paid to Dates	
95	Paid to Date/Reduced Earnings/Recoveries Code	Rel. 1 only: If MTC=AN AND Claim Administrator previously reported events with DN96>0, then Mandatory.
216	Other Benefit Type Code	Rel. 2 only: If [MTC=PY AND (DN222 and DN85 not provided)] OR [MTC=AN AND Claim Administrator previously reported events with DN215>0], then Mandatory.
96	Paid to Date/Reduced Earnings/Recoveries Amount	Rel. 1 only: If MTC=AN AND Claim Administrator previously reported events with DN96>0, then Mandatory.
215	Other Benefit Type Amount	Rel. 2 only: If [MTC=PY AND (DN218 and DN86 not provided)] OR [MTC=AN AND Claim Administrator previously reported events with DN215>0], then Mandatory.
	Payments	
77	Late Reason Code	
222	Payment Reason Code	
218	Payment Amount	
195	Payment Issue Date	If using DN85/DN86 or DN216/DN215 to report a lump-sum payment/settlement (MTC=PY or FN), MTC Date is assumed to be payment issue date.
241	Settlement Type Code	
	Reduced Earnings	
242	Reduced Earnings Week Number	
124	Actual Reduced Earnings	
147	Deemed Reduced Earnings	

Section M
California-Specific Data Edits

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All Transactions M-2

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California-Specific Data Edits

The California-specific data edits supplement the standard IAIABC edits, which are a part of the WCIS system. See the *IAIABC EDI Implementation Guides*, *Release 1* and *Release 2* for information on the standard IAIABC edits.

Current Edits

At this time, data sent to the WCIS system is subjected to two California-specific edits: Jurisdiction Code (DN 4) must be "CA" and Date of Injury (DN 31) must be on or after September 1, 1999 (see shaded rows in First Reports table below).

Planned Edits

The following tables also specify planned California-specific edits for data submitted to WCIS. This list is still under development. The edits listed here may be changed, deleted, and/or augmented. Ample notification will be given of effective dates for these and any other California-specific edits.

All Transactions

DN	Data Element Name	CA-Specific Data Edit(s)
2	MAINTENANCE TYPE CODE	See "Transaction Sequence Requirement" tables in *Section N – System Specifications*
3	MAINTENANCE TYPE CODE DATE	Must be >= DATE OF INJURY (DN 31) Must be <= CURRENT DATE

First Reports (FROIs)

DN	Data Element Name	CA-Specific Data Edit(s)
4	JURISDICTION CODE	Must = "CA"
10	CLAIM ADMINISTRATOR MAILING PRIMARY ADDRESS	Must not consist **solely** any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"
12	CLAIM ADMINISTRATOR MAILING CITY	Must not consist **solely** of any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"
18	EMPLOYER NAME	Must not consist **solely** of any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"
19	EMPLOYER PHYSICAL PRIMARY ADDRESS	Must not consist **solely** of any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"
21	EMPLOYER PHYSICAL CITY	Must not consist **solely** of any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"

First Reports (cont.)

DN	Data Element Name	CA-Specific Data Edit(s)
31	DATE OF INJURY	Must be >= 09/01/99 Must be >= DATE OF HIRE (DN 61) (Disregard IAIABC edit: Must be <= DATE OF HIRE)
42	EMPLOYEE SSN	Must be 9 digits Must not equal “123456789” Must not equal “987654321”
43	EMPLOYEE LAST NAME	Must not consist **solely** of any of the following non-case sensitive strings: “unk”, “unknown”, “dk”, “don’t know”, “na”, “n/a”
44	EMPLOYEE FIRST NAME	Must not consist **solely** of any of the following non-case sensitive strings: “unk”, “unknown”, “dk”, “don’t know”, “na”, “n/a”
46	EMPLOYEE MAILING PRIMARY ADDRESS	Must not consist **solely** of any of the following non-case sensitive strings: “unk”, “unknown”, “dk”, “don’t know”, “na”, “n/a”
46	EMPLOYEE MAILING CITY	Must not consist **solely** of any of the following non-case sensitive strings: “unk”, “unknown”, “dk”, “don’t know”, “na”, “n/a”
51	EMPLOYEE PHONE NUMBER	All digits cannot be the same
56	INITIAL DATE DISABILITY BEGAN	Must be >= INITIAL DATE LAST DAY WORKED (DN 65)
65	INITIAL DATE LAST DAY WORKED	Must be <= INITIAL DATE DISABILITY BEGAN (DN 56)
68	INITIAL RETURN TO WORK DATE	Must be >= INITIAL DATE DISABILITY BEGAN (DN 56)

Subsequent Reports (SROIs)

DN	Data Element Name	CA-Specific Data Edit(s)
68	INITIAL RETURN TO WORK DATE	Must be >= INITIAL DATE DISABILITY BEGAN (DN 56)
70	DATE OF MAXIMUM MEDICAL IMPROVEMENT	Must be >= INITIAL DATE DISABILITY BEGAN (DN 56)
72	CURRENT RETURN TO WORK DATE	Must be >= CURRENT DATE DISABILITY BEGAN (DN 144) Must be >= INITIAL RETURN TO WORK DATE (DN 68) Must be >= CURRENT DATE LAST DAY WORKED (DN 145)

Section N
System Specifications

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Jurisdiction Claim Number (JCN)

The Jurisdiction Claim Number (JCN) is a random 12 digit number created by WCIS that uniquely identifies the claim. It is provided to the Claims Administrator on their acknowledgment of the First Report. The JCN is currently required for reporting all Subsequent reports, as well as Change, Correction, and Cancel Reports. The JCN requirements will be relaxed in the future so that other match data elements, claim administrator FEIN and claim administrator claim number, may be used in place of the JCN under specific circumstances. For information on future changes to the JCN requirements, see the *WCIS e·News* #1. (See Section B: Where to Get Help for more information on *WCIS e·News*.)

Changed or Corrected Data

WCIS regulations require each claim administrator to submit to WCIS any changed or corrected data elements. Changed or corrected data for a claim are due by the time of the next submission for the claim. Correction reports (MTC=CO) are sent in response to an error message from WCIS. Change Reports (MTC=02) are sent when the claim administrator becomes aware that the value of a data element has changed, e.g., Employee Address. If a claim administrator needs to make changes to some data elements while making corrections to other elements for a given claim, these can be combined on either a change or correction report with identical results.

When submitting a change or correction report for a First Report, the claim administrator should resubmit all known First Report data elements, not just the data elements being changed or corrected. Data elements missing in a resubmission will not cause valid data already existing in the database to be overwritten; however the claim administrator will receive errors if the missing data elements are necessary for validation purposes. For example, if the Employee Date of Birth is absent on the change or correction report, WCIS will not delete the Date of Birth stored in the WCIS database, but the claim administrator will receive an error for having a mandatory data element missing.

Transaction Processing and Sequencing

General Rules

WCIS processes batches within a transmission and transactions within a batch in the order in which they are received. If submitting more than one transaction for a single claim in the same batch or transmission, it is important that WCIS receive the transactions in the proper sequence. Transactions should be submitted in logical business order or in the order they were entered into the claim administrator's system, according to the following general rules:

- The First Report for a claim must be submitted and processed by WCIS before any Subsequent Reports are submitted for the claim. Subsequent Reports sent before the corresponding First Report has been received by WCIS will be rejected.

  In Release 1, First Report and Subsequent Report transactions must be submitted in separate batches by default. Combining First and Subsequent Reports in a batch is impossible for Release 1 file formats, because the two types of reports have different field layouts. If a First Report batch and Subsequent Report batch with the same claims are submitted to WCIS on the same day, the Subsequent Reports may be rejected. WCIS will not automatically process the First Reports first. In order to avoid sequencing errors with First and Subsequent reports in Release 1, it is best to submit the reports on separate days.

  For Release 2 files, although our developers have not yet completed implementation, we anticipate WCIS will be able to handle a First Report and a Subsequent Report together in a single batch. Transaction sequencing rules will apply to the transactions within a batch in the order they occur in the batch.

If the claim administrator is not sure of the business order, the following general sort orders are suggested:

- Primary sort order is MTC date. Multiple transactions for a claim should be sorted by MTC date so that WCIS processes the oldest MTC date first. This will help avoid unnecessary sequencing errors.
- Secondary sort order is MTC code. MTC codes should be sorted in business event order. See the next sections for further explanations specific to First Reports and Subsequent Reports.

First Reports

This section is intended to aid you in understanding the general sequence or order in which Maintenance Type Codes may be used to report claim events for First Reports. Maintenance Type Codes are used to define the specific purpose of a transaction. There are two types of First Report Maintenance Type Codes, initial First Reports, the very first report sent; and other First Reports, not the initial first report sent. Some Maintenance Type Codes belong in both groups; they can be the initial First Report sent or they can be sent after the initial First Report. Some Maintenance Type Codes can only be other First Reports and must be preceded by an initial First Report. First Report Maintenance Type Codes are grouped in the following tables to clarify their purpose and to demonstrate a logical order for their use. If transactions for a claim are not received in the proper sequence, whether they are submitted in one transmission or several, they will be rejected. If transactions are rejected due to processing/sequencing errors, then the claim administrator is responsible for resubmitting the transactions.

Initial First Reports: These Maintenance Type Codes are used to report new claims. One of these Maintenance Type Codes must be the initial First Report sent to WCIS.

MTC Code	MTC Name
00	Original
04	Denial
AU/AQ*	Acquired/Unallocated
UI*	Under Investigation

*Release 2 MTC only

Other First Reports: After the initial First Report has been filed, the following First Report Maintenance Type Codes can be submitted to reflect/report additional information about the claim not known at the time of original reporting.

MTC Code	MTC Name
01	Cancel
02	Change
04	Denial
CO	Correction

First Report Transaction Sequencing Requirements Summary

MTC	Description	Type	Sequence Requirements
00	Original	Initial	No previous accepted transaction
AQ*	Acquired Claim	Initial	No previous transaction by new Claim Administrator
AU	Acquired/Unallocated	Initial	Release 1: None Release 2 only: Must follow rejected AQ
04	Denial	Initial	None
UI*	Under Investigation	Initial	None
01	Cancel	Other	Must follow initial First Report. Cannot follow 04 or any subsequent report.
CO	Correction	Other	Must follow initial First Report
02	Change	Other	Must follow initial First Report

*Release 2 MTC only

Subsequent Reports

For Subsequent Reports, each Maintenance Type Code identifies a Benefit Event – an action occurring on one or more benefit types. Benefit Events are of three main types: (1) Open Benefits: the claim administrator is starting to pay ongoing benefits; (2) Close Benefits: the claim administrator is suspending ongoing benefit payments; (3) Update Benefit: the claim administrator is reporting a change to a benefit period that has already been reported to WCIS. In the tables below, Maintenance Type Codes are grouped by the Benefit Event Type or the action that is being performed on the benefit. The transaction sequencing rules in the next section are applied at the Benefit Event Type level and not the specific Maintenance Type Code.

Open Benefits: These Maintenance Type Codes are used to report the start of a benefit period.

MTC Code	MTC Name
IP	Initial Payment
AP	Acquired Payment
AB*	Add Concurrent Benefit
FS/EP*	Full Salary/Employer Paid
RB	Reinstatement of Benefits
ER*	Employer Reinstatement
CB	Change Benefit

*Release 2 MTC only

Close Benefits: These Maintenance Type Codes are used to report the ending of a benefit period.

MTC Code	MTC Name
PJ, P1-9	Partial Suspension
SD*, SJ, S1-9	Suspension
04	Denial
4P/PD*	Partial Denial
CB	Change Benefit

*Release 2 MTC only

Update Benefits: These Maintenance Type Codes are used to report an update to a previously reported benefit period.

MTC Code	MTC Name
CA	Change in Benefit Amount
RE	Reduced Earnings
02	Change
CO	Correction

Other: These Maintenance Type codes don't fall into the above categories. They don't open, close, or update benefits in the same manner as other Maintenance Type Codes, because (1) no benefits are reported (CD, UI), (2) the MTC reports single payments rather than the payment of ongoing benefits (PY), or (3) the MTC has specific jurisdictional uses (UR).

MTC Code	MTC Name
CD	Compensable Death
PY	Payment Report
UR	Upon Request
UI*	Under Investigation

*Release 2 MTC only

Periodic Reports:

Periodic reports are required for every claim with any benefit type including medical. Periodic Reports are not used to report that a benefit period is opening, closing, or being updated. Rather, they are sent at a specific time in the life of a claim to report the amount paid for all benefit types and other benefit types through that date.

MTC Code	MTC Name
AN	Annual
FN	Final

Transaction Sequencing Requirements for Subsequent Reports

A general principle for WCIS is that we only want to collect data that we can interpret. We are particularly concerned about uninterpretable benefit data, because there are so many Maintenance Type Codes for Subsequent Reports and because the applicability of various Maintenance Type Codes to particular business events is not always clear. To assure that we collect only data that we can interpret, Subsequent Reports are automatically subjected to a set of sequencing rules and related business rules when processed by WCIS.

The sequencing requirements for Subsequent Reports are given in the table below. Most sequencing rules operate at the level of benefit-type events. Additionally, the Benefit Type Code of the incoming benefit event is used to determine proper sequencing of Subsequent Reports. For example, if a period of temporary disability is currently open and already being paid, a new period of temporary disability cannot be started. Also, if a benefit period of temporary disability was started and then a suspension report was filed to close a benefit period of permanent disability, it would be rejected because the benefit period of permanent disability was never started.

Sequencing Rules

Benefit-Level MTC	Benefit Event Type	Benefit Event Processing Rules to Be Applied
IP, EP*/FS, AP, AB, RB, ER, CB	Open	Opens cannot follow opens for the same BTC.
S(x), P(x), CB, 04 or PD*/4P	Close	Closes must follow opens for the same BTC.
CA, RE	Update (open)	Update (open) must follow open for the same BTC.
02, CO	Update	Allow All
AN, FN	Periodic	Allow all, except reject transaction if BTC(s) are present that have not been reported previously for this claim.
UR, UI*, CD, PY	Other	Allow All

*Release 2 MTC only

Related Business Rules

Rules Specific to Transaction-Level MTC

These rules are applied at the level of the transaction Maintenance Type Code. If any of these rules fail, the transaction is rejected.

Transaction MTC	Rule
CB, RB, ER, AB (and MTCs 02, CO with benefit blocks present)	Must be preceded by at least one previous benefit event of any Benefit Type Code.
EP and ER	Must contain benefit record with BTC = 240 or 524
RE	Must contain benefit record with BTC = 070 “Temporary Partial” or BTC = 410 “VRMA”
CB	Release 2 only : Transaction must contain at least 2 benefit records.
CD, FN	All previously reported benefit periods must be closed.
FN, AN	Must report all previously reported Benefit Type Codes. If any previously reported Benefit Type Codes are missing, the transaction will be rejected.
Any MTC not supported in Benefit Event Type Rules table (including VE)	Reject transaction.

Overall Transaction Structure Edits.

(1) No benefit blocks (or “other benefits”, credits, adjustments, or reduced earnings blocks) are expected for First Report of Injury Reports (transactions with Maintenance Type Codes 00, 01, AQ, or AU). The transaction will be rejected if benefit blocks are reported on the First Report.

(2) Benefit blocks within a transaction may not repeat the same Benefit Type Code (BTC) or Other Benefit Type Code (OBTC). Transaction will be rejected if duplicate BTC and OBTC are reported in the same transaction.

(3) Release 2 only: The benefit level Maintenance Type Code must match the transaction level Maintenance Type Code or be blank (null). If the benefit level Maintenance Type Code does not match the transaction level Maintenance Type Code and is not blank, then the transaction will be rejected.

WCIS Matching Rules and Processes

Match Data for a Claim

Primary:
1. Jurisdiction Claim Number, DN 5

Secondary Match for First Reports OTHER THAN AQ or AU:
2a. Claim Administrator FEIN (available in Release 2 only; for Release 1, match on TPA FEIN if provided, otherwise match on Insurer FEIN)
AND Claim Administrator Claim Number

Alternative Secondary Match for AQ or AU:
2b. Date of Injury
AND Nature of Injury Code
AND Part of Body Injured Code
AND Employee Last Name
AND Employee First Name

How WCIS Matches Incoming Transactions to Existing Claim Records

The WCIS uses the Jurisdiction Claim Number (JCN) as the primary means for matching transactions representing the same claim. Secondary match data will be used only if a JCN is not provided. For current JCN requirements please see Jurisdiction Claim Number earlier in this section.

Transactions that can never be initial First Reports (MTC = 01, 02, CO, and all subsequent reports) will be rejected if they cannot be matched to existing claims on the WCIS database. This matching is based on the JCN, if provided. Otherwise, secondary match data #2a (described above) will be used.

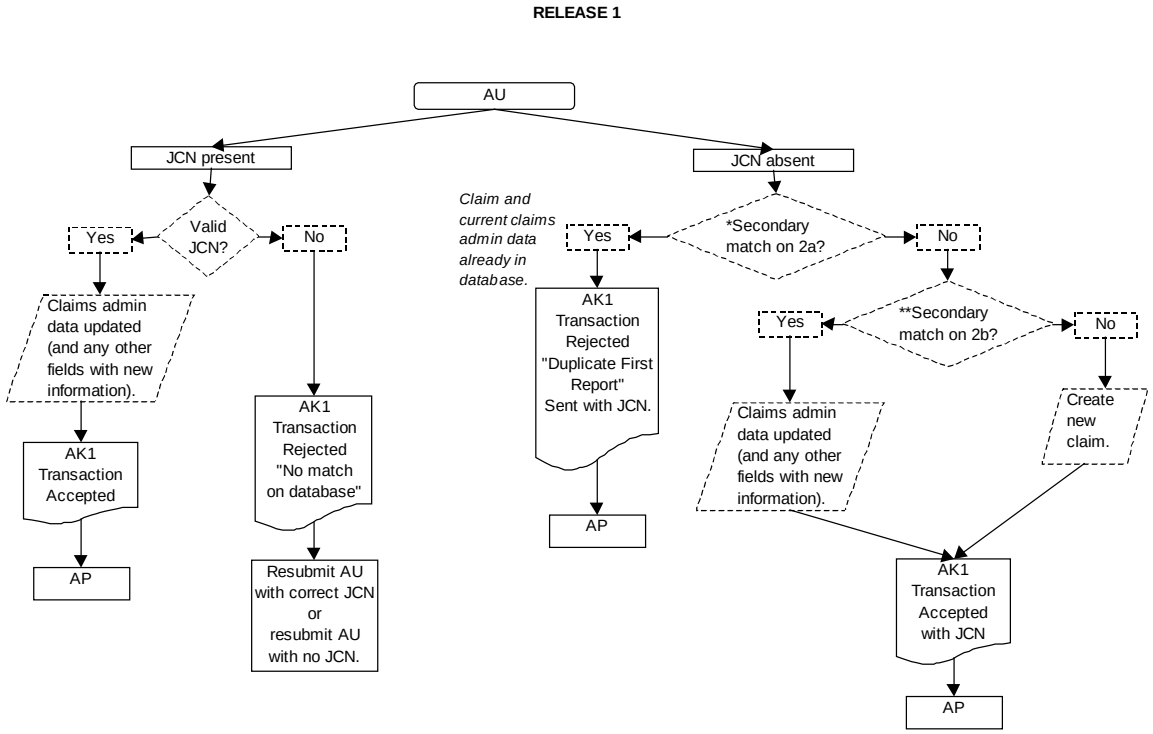
For transaction types that may or may not be initial First Reports (MTC = 00, 04, UI), secondary match data is used to help avoid creation of duplicate records. Secondary match data #2a is used to prevent a given claim administrator from reporting multiple claims with the same Claim Administrator Claim Number.

The claim administrator can only change the data elements in match data #2a and #2b when a JCN is provided.

The case of a claim administrator acquiring existing claims from another administrator requires special handling. This is necessary because the claim administrator acquiring the claim may not know the JCN, and secondary match data #2a won't be useful for matching such transactions (because a new Claim Administrator FEIN and Claim Administrator Claim Number will generally be provided when transferring claim ownership). Therefore, for Acquired reports (MTC=AQ and MTC=AU) only, the WCIS will use alternative match data #2b to determine if an AQ or AU transaction lacking the JCN matches to an existing claim on the database.

Acquired Claims

WCIS will support the transfer of claims from one claim administrator to another using the AU transaction in Release 1 and the AQ transaction in Release 2, as specified in the IAIABC Implementation Guides. (The AU in Release 2 is used not for transferring an existing claim, but for filing a new First Report of Injury on an acquired claim.) The AU (R.1) and AQ (R.2) will be processed as shown in the following charts.

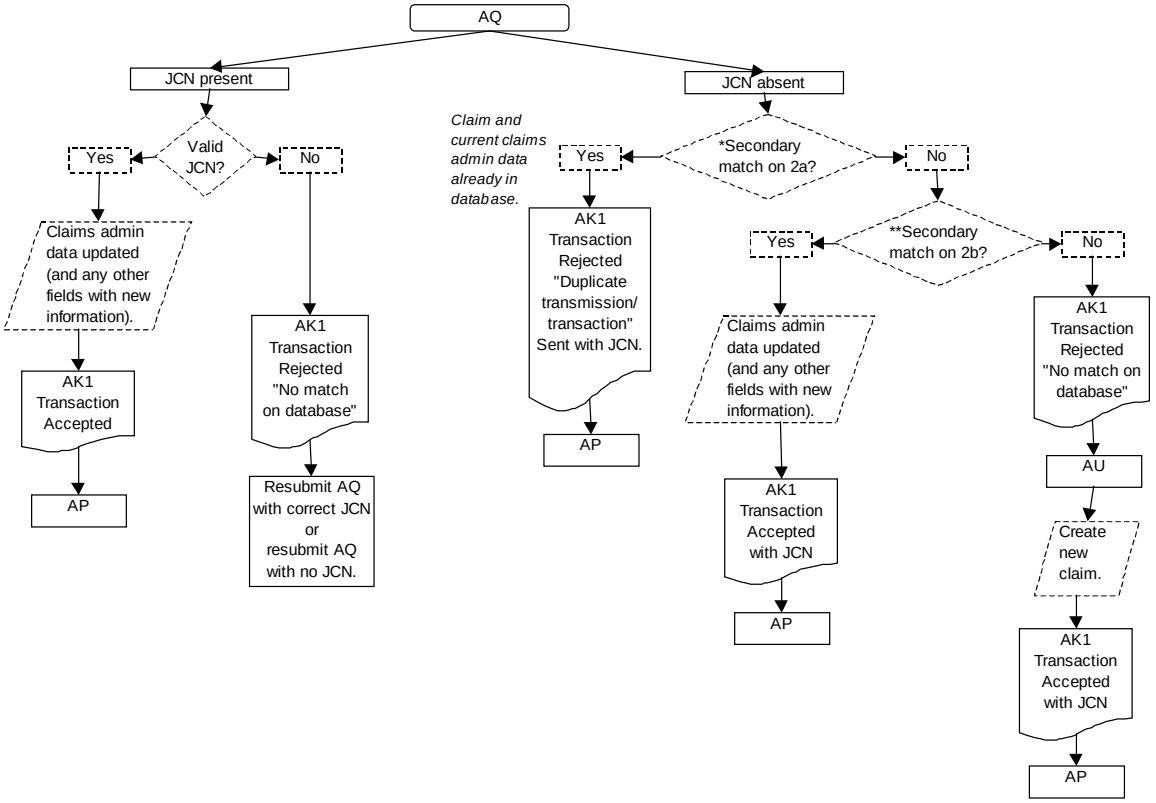


Boxes with solid straight lines indicate a transmission from the Trading Partner to WCIS.
Boxes with a wavy bottom line indicate acknowledgements from WCIS to the Trading Partner.
Boxes with dashed lines - - - - indicate processing performed by WCIS.

*Secondary match on 2a, fields:
1. TPA FEIN (DN 8) if provided, otherwise match on Insurer FEIN (DN 6); AND
2. Claim Administrator Claim Number (DN 15)

**Secondary match on 2b, fields:
1. Date of Injury (DN 31); AND
2. Part of Body Injured Code (DN 36); AND
3. Nature of Injury Code (DN 35); AND
4. Employee First Name (DN 44); AND
5. Employee Last Name (DN 43)

RELEASE 2



*Secondary match on 2a, fields:

1. Claim Administrator FEIN (DN 187), AND
2. Claim Administrator Claim Number (DN 15)

**Secondary match on 2b, fields:

1. Date of Injury (DN 31); AND
2. Part of Body Injured Code (DN 36); AND
3. Nature of Injury Code (DN 35); AND
4. Employee First Name (DN 44); AND
5. Employee Last Name (DN 43)

Section O
Code Lists

This Section lists valid codes for several data elements. The original source of each code list is noted. These valid code lists are provided as a convenience for our data providers, and are intended to be a simple repetition of code lists available elsewhere. In no case have codes been purposely omitted or deleted. If at any time you believe that WCIS is rejecting a valid code, please let us know by sending an e-mail to: wcis@dir.ca.gov.

Nature of Injury Codes (DN 35)..... O-2

Part of Body Codes (DN 36)..... O-4

Cause of Injury Codes (DN 37) O-6

Employee Mailing Country Codes (DN 155)..... O-8

Late Reason Codes (DN 77)..... O-9

Manual Classification Codes (DN 59)..... O-10

Nature of Injury Codes (DN 35)

CODE	DESCRIPTION
SPECIFIC INJURY	
01	No Physical Injury
02	Amputation
03	Angina Pectoris
54	Asphyxiation
04	Burn
07	Concussion
10	Contusion
13	Crushing
16	Dislocation
19	Electric Shock
22	Enucleation (To Remove, Ex.: Tumor, Eye, etc)
25	Foreign Body
28	Fracture
30	Freezing
31	Hearing Loss or Impairment
32	Heat Prostration
34	Hernia
36	Infection
37	Inflammation
40	Laceration
41	Myocardial Infarction (Heart Attack)
42	Poisoning-General (Not OD or Cumulative Injury)
43	Puncture
46	Rupture
47	Severance
49	Sprain
52	Strain
53	Syncope
55	Vascular
58	Vision Loss
59	All Other Specific Injuries, NOC
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY	
60	Dust Disease, NOC (All other Pneumoconiosis)
61	Asbestosis
62	Black Lung
63	Byssinosis
64	Silicosis
65	Respiratory Disorders (Gases, Fumes, Chemicals, etc.)
66	Poisoning-Chemical (Other than Metals)
67	Poisoning-Metal

OCCUPATIONAL DISEASE OR CUMULATIVE INJURY continued	
68	Dermatitis
69	Mental Disorder
70	Radiation
71	All Other Occupational Disease Injury, NOC
72	Loss of Hearing
73	Contagious Disease
74	Cancer
75	Aids
76	VDT-Related Disease
77	Mental Stress
78	Carpal Tunnel Syndrome
80	All Other Cumulative Injuries, NOC
MULTIPLE INJURIES	
90	Multiple Physical Injuries Only
91	Multiple Injuries Including Both Physical and Psychological

Source: IAIABC/NCCI

Part of Body Codes (DN 36)

CODE	DESCRIPTION
HEAD	
10	Multiple Head Injury
11	Skull
12	Brain
13	Ear(s)
14	Eye(s)
15	Nose
16	Teeth
17	Mouth
18	Soft Tissue – Head
19	Facial Bones
NECK	
20	Multiple Neck Injury
21	Vertebrae
22	Disc
23	Spinal Cord
24	Larynx
25	Soft Tissue – Neck
26	Trachea
UPPER EXTREMITIES	
30	Multiple Upper Extremities
31	Upper Arm (inc. Clavicle & Scapula)
32	Elbow
33	Lower Arm
34	Wrist
35	Hand
36	Finger(s)
37	Thumb
38	Shoulder(s)
39	Wrist(s) & Hand(s)
TRUNK	
40	Multiple Trunk
41	Upper Back Area (Thoracic Area)
42	Low Back Area (inc. Lumbar & Lumbo-Sacral)
43	Disc
44	Chest (inc. Ribs, Sternum & Soft Tissue)
45	Sacrum and Coccyx
46	Pelvis
47	Spinal Cord
48	Internal Organs
49	Heart

TRUNK continued	
60	Lungs
61	Abdomen Including Groin
62	Buttocks
63	Lumbar and/or Sacral Vertebrae (Vertebrae NOC Trunk)
LOWER EXTREMITIES	
50	Multiple Lower Extremities
51	Hip
52	Upper Leg
53	Knee
54	Lower Leg
55	Ankle
56	Foot
57	Toe(s)
58	Great Toe
MULTIPLE BODY PARTS	
64	Artificial Appliance
65	Insufficient Info to Properly Identify-Unclassified
66	No Physical Injury
90	Multiple Body Parts
91	Body Systems and Multiple Body Systems
99	Whole Body

Source: IAIABC/NCCI

Cause of Injury Codes (DN 37)

CODE	DESCRIPTION
BURN OR SCALD-HEAT OR COLD EXPOSURE	
01	Chemicals
02	Hot Objects or Substances
11	Cold Objects or Substances
03	Temperature Extremes
04	Fire or Flame
05	Steam or Hot Fluids
06	Dust, Gases, Fumes or Vapors
07	Welding Operations
08	Radiation
14	Abnormal Air Pressure
84	Electrical Current
09	Contact With, NOC
CAUGHT IN OR BETWEEN	
10	Machine or Machinery
12	Object Handled
20	Collapsing Materials (Slides of Earth)
13	Caught in, Under or Between, NOC
CUT, PUNCTURE, SCRAPE INJURED BY	
15	Broken Glass
16	Hand Tool, Utensil; Not Powered
17	Object Being Lifted or Handled
18	Powered Hand Tool, Appliance
19	Cut, Puncture, Scrape, NOC
FALL OR SLIP INJURY	
25	From Different Level (Elevation)
26	From Ladder or Scaffolding
27	From Liquid or Grease Spills
28	Into Openings
29	On Same Level
30	Slipped, Did Not Fall
32	On Ice or Snow
33	On Stairs
31	Fall, Slip, Trip, NOC
MOTOR VEHICLE	
40	Crash of Water Vehicle
41	Crash of Rail Vehicle
45	Collision or Sideswipe with Another Vehicle
46	Collision with a Fixed Object
47	Crash of Airplane
48	Vehicle Upset

MOTOR VEHICLE continued	
50	Motor Vehicle, NOC
STRAIN OR INJURY BY	
52	Continual Noise
53	Twisting
54	Jumping
55	Holding or Carrying
56	Lifting
57	Pushing or Pulling
58	Reaching
59	Using Tool or Machinery
61	Wielding or Throwing
97	Repetitive Motion – Carpal Tunnel Syndrome
60	Strain or Injury by, NOC
STRIKING AGAINST OR STEPPING ON	
65	Moving Parts of Machine
66	Object Being Lifted or Handled
67	Sanding, Scraping, Cleaning Operations
68	Stationary Object
69	Stepping on Sharp Object
70	Striking Against or Stepping on, NOC
STRUCK OR INJURY BY	
74	Fellow Worker, Patient
75	Falling or Flying Object
76	Hand Tool or Machine in Use
77	Motor Vehicle
78	Moving Parts of Machine
79	Object Being Lifted or Handled
80	Object Handled by Others
85	Animal or Insect
86	Explosion or Flare Back
81	Struck or Injured, NOC
RUBBED OR ABRADED BY	
94	Repetitive Motion
95	Rubbed or Abraded, NOC
MISCELLANEOUS CAUSES	
82	Absorption, Ingestion, or Inhalation, NOC
87	Foreign Matter (Body) in Eye(s)
89	Person in Act of a Crime
90	Other Than Physical Cause of Injury
98	Cumulative, NOC
99	Other-Miscellaneous, NOC

Source: IAIABC/NCCI

Employee Mailing Country Codes (DN 155)

COUNTRY	SYMBOL	CODE
CANADA	CAN	124
MEXICO	MEX	84
UNITED STATES	USA	840

Source: ANSI A5

Note: This is only a partial list of the most common codes WCIS expects to receive. For a complete list of country codes, consult ANSI or see the IAIABC EDI Implementation Guides.

Late Reason Codes (DN 77)

Codes	Description
Delays	
L1	No excuse
L2	Late Notification, Employer
L3	Late Notification, Employee
L4	Late Notification, State
L5	Late Notification, Health Care Provider
L6	Late Notification, Assigned Risk
L7	Late Investigation
L8	Technical Processing Delay/Computer Failure
L9	Manual Processing Delay
LA	Intermittent Lost Time Prior to First Payment
Coverage	
C1	Coverage Lack of Information
Errors	
E1	Wrongful Determination of No Coverage
E2	Errors from Employer
E3	Errors from Employee
E4	Errors from State
E5	Errors from Health Care Provider
E6	Errors from Other Claim Administrator/IA/TPA
Disputes	
D1	Dispute Concerning Coverage
D2	Dispute Concerning Compensability in Whole
D3	Dispute Concerning Compensability in Part
D4	Dispute Concerning Disability in Whole
D5	Dispute Concerning Disability in Part
D6	Dispute Concerning Impairment

Source: IAIABC, ANSI A9

Manual Classification Codes (DN 59) (Required for insureds; optional for self-insured employers)

CODE	DESCRIPTION
0005	Nurseries--propagation and cultivation of nursery stock
0016	Orchards -- citrus and deciduous fruit
0034	Farms-poultry raising
0035	Florists--cultivating
0036	Farms-dairy farms
0038	Farms-stock farms
0040	Farms-vineyards
0041	Farms-potato crops
0042	Landscape gardening
0044	Farms-cotton farms
0045	Orchards -- nut crops
0050	Farm machinery operation
0079	Strawberry crops
0106	Tree pruning NOC
0171	Farms-field crops
0172	Farms-truck farms
0251	Irrigation
0400	Cotton merchants--including cotton compressing
0401	Cotton gin operation
1122	Mining--surface
1123	Mining--underground
1124	Mining underground-surface employees
1320	Oil or gas lease operators
1322	Oil or gas wells--cleaning or swabbing
1330	Blasting--NOC
1438	Smelting metals NOC
1452	Mining--ore milling
1463	Asphalt works
1624	Quarries
1699	Rock wool manufacturing
1701	Cement manufacturing
1710	Stone crushing
1741	Silica grinding
1803	Stone cutting or polishing
1925	Die casting manufacturing
2002	Macaroni manufacturing
2003	Bakeries and cracker manufacturing
2014	Grain or rice milling
2030	Sugar manufacturing or refining
2063	Creameries and dairy products manufacturing
2081	Butchering

CODE	DESCRIPTION
2095	Meat products manufacturing--NOC
2102	Fruit or vegetable dehydrating
2106	Olive handling
2107	Fruit--fresh fruit packing and handling
2108	Fruit--citrus fruit packing
2109	Fruit--dried fruit packing
2111	Canneries NOC
2113	Canneries-fish
2116	Fruit juice or concentrate manufacturing
2117	Vegetable or fruit processors - frozen
2121	Breweries
2142	Wineries
2150	Ice manufacturing
2163	Bottling--beverages
2211	Cotton batting or waste manufacturing
2222	Spinning or weaving NOC
2362	Knitting--NOC
2402	Carpet or rug manufacturing
2413	Textiles--finishing
2501	Clothing manufacturing
2570	Mattress manufacturing
2571	Pillow
2576	Canvas goods manufacturing NOC
2584	Carpet
2585	Laundries NOC
2586	Dry cleaning or dyeing--NOC
2589	Dry cleaning or laundry -- retail
2623	Tanning
2660	Boot or shoe manufacturing
2683	Bag manufacturing--hand luggage
2688	Leather goods manufacturing NOC
2702	Logging or lumbering
2710	Sawmills or shingle mills
2727	Log hauling
2731	Planing or moulding mills
2757	Pallet manufacturing.
2759	Box
2790	Pattern or model manufacturing
2797	Mobile homes manufacturing
2806	Door
2812	Cabinet manufacturing -- wood
2819	Truss or building components manufacturing -- wood -- shop
2840	Picture or artwork framing
2842	Wood products manufacturing -- NOC

CODE	DESCRIPTION
2852	Window blind manufacturing. Or assembly--all types
2881	Furniture assembling--other than metal
2883	Furniture manufacturing -- wood
2915	Veneer or veneer products manufacturing NOC
2923	Musical instrument manufacturing--other than metal NOC
3018	Steel making--rolling mills
3022	Pipe or tube manufacturing--not iron or steel
3030	Iron or steel works--shop
3039	Reinforcing steel fabrication--shearing or bending
3040	Iron works--shop
3060	Door and window frame manufacturing
3066	Sheet metal products manufacturing NOC
3070	Computer memory disk manufacturing - rigid
3076	Furniture manufacturing--metal
3081	Foundries--iron NOC
3082	Foundries--steel castings
3085	Foundries--non-ferrous NOC
3099	Tool manufacturing--not hot formed
3110	Forging works
3131	Tag
3146	Hardware manufacturing NOC
3152	Nail
3165	Air conditioning and refrigeration equipment manufacturing
3169	Stove manufacturing
3175	Furnace or radiator manufacturing
3178	Electronic element manufacturing NOC
3179	Electrical apparatus manufacturing NOC
3180	Fixtures or lamp manufacturing--metal
3220	Can manufacturing
3241	Wire rope or cable manufacturing--including wire drawing
3257	Wire goods manufacturing NOC
3300	Bed spring or wire mattress manufacturing
3339	Foundries--investment casting
3365	Welding or cutting NOC
3372	Electroplating
3383	Jewelry manufacturing
3400	Metal goods manufacturing NOC
3401	Tube or pipe products manufacturing.--NOC
3501	Machinery manufacturing.--portable tools and lawn care
3507	Machinery or equipment manufacturing
3560	Machinery manufacturing.--commercial food processing equipment
3566	Audio/visual electronic products manufacturing.
3567	Computer or computer peripheral equipment manufacturing.
3568	Electrical connector manufacturing.--NPD

CODE	DESCRIPTION
3569	Electric motor manufacturing. Or repair
3570	Electric tool or appliance manufacturing.--NOC
3572	Medical instrument manufacturing.
3573	Power supply manufacturing.--NPD
3574	Machine manufacturing--office or sewing--NOC
3577	Printed circuit board assembly--by contractor--NPD
3578	Radio or television broadcasting equipment manufacturing.
3579	Telephone or telephone equipment manufacturing.
3612	Pumps or hydraulic apparatus manufacturing. Or repair--NOC
3620	Boilermaking
3632	Machine shops NOC
3634	Valves manufacturing.--NOC
3643	Electric power equipment manufacturing
3647	Battery manufacturing--storage
3651	Electrical wire harness manufacturing
3681	Instrument manufacturing.--professional or scientific--NOC
3719	Oil or gas refining units-erection
3724	Millwright work NOC
3726	Boiler installation or repair-steam
3805	Aircraft engine manufacturing
3807	Radiator manufacturing
3808	Automobile or motorcycle manufacturing
3815	Automobile truck manufacturing
3821	Automobile or truck dismantling
3828	Automobile or automobile truck parts rebuilding
3830	Airplane manufacturing
3831	Aircraft components manufacturing. Or repair
3840	Automobile
4000	Sand or gravel digging
4034	Concrete products manufacturing
4036	Plaster board manufacturing
4038	Plaster statuary manufacturing
4041	Brick or clay products manufacturing NOC
4049	Potteries
4111	Glassware manufacturing--no automatic machines
4112	Integrated circuit and semiconductor wafer manufacturing.
4114	Glassware manufacturing--no plate or sheet NOC
4130	Glass merchants
4150	Optical goods manufacturing NOC
4239	Paper or pulp manufacturing
4240	Box manufacturing--rigid paper boxes
4243	Box manufacturing--folding paper boxes NOC
4244	Corrugated or fibre board container manufacturing
4250	Paper coating or corrugating

CODE	DESCRIPTION
4251	Envelope manufacturing
4279	Paper goods manufacturing NOC
4283	Building or roofing paper or felt preparation
4286	Bag manufacturing.--plastic
4295	Printing operation-screen printing-all other employees
4297	Photo typesetting
4299	Printing--all other employees
4304	Newspaper publishing--all other employees
4312	Newspaper delivery
4351	Photo engraving
4354	Printed circuit board manufacturing
4360	Motion pictures--development of negatives
4361	Photographers
4362	Motion pictures--film exchanges
4410	Rubber goods manufacturing NOC
4414	Rubber tire manufacturing
4420	Rubber tire recapping
4432	Pen or mechanical pencil manufacturing
4470	Wire rope or cable manufacturing--no wire drawing
4478	Plastic goods manufacturing NOC
4492	Sign manufacturing.--metal
4494	Plastics--blow molded products manufacturing.--NOC
4495	Plastics--extrusion molded products manufacturing.--NOC
4496	Plastics--fabricated products manufacturing.--no molding--NOC
4497	Plastics--fiber reinforced plastic products manufacturing.--NOC
4498	Plastics--injected molded products manufacturing.--NOC
4499	Plastics--thermoformed products manufacturing.--NOC
4511	Analytical or testing laboratories
4512	Biomedical research laboratories
4557	Ink
4558	Paint
4567	Lead manufacturing.
4611	Drug or medicine manufacturing
4623	Cosmetic
4635	Oxygen or hydrogen manufacturing
4665	Rendering works
4683	Oil manufacturing or refining--vegetable--NOC
4691	Orthotic or prosthetic device manufacturing.
4692	Dental laboratories
4717	Butter substitutes manufacturing
4720	Soap manufacturing
4740	Oil refining--petroleum
4771	Explosive manufacturing
4828	Chemical mixing

CODE	DESCRIPTION
4829	Chemical manufacturing
4831	Vitamin or food supplement manufacturing.
4922	Magnetic tape manufacturing
4983	Gasket manufacturing
5020	Ceiling installation
5027	Masonry NOC
5028	Masonry NOC
5040	Iron or steel erection--structural
5057	Iron or steel erection NOC
5059	Iron or steel erection--not over two stories
5102	Iron
5107	Door
5108	Door installation--overhead doors
5128	Instrument--professional
5140	Electrical wiring--within buildings
5146	Cabinet or fixtures--installation--portable--NOC
5160	Elevator erection or repair
5183	Plumbing NOC
5184	Steam pipe or boiler insulation
5185	Automatic sprinkler installation
5186	Automatic sprinkler installation
5187	Plumbing NOC
5190	Electrical wiring--within buildings
5191	Office machine installation or repair NOC
5192	Vending or coin operated machines
5195	Communications cabling
5201	Concrete or cement work - sidewalks
5205	Concrete or cement work - sidewalks
5207	Dam construction--concrete
5212	Concrete pumping
5213	Concrete construction NOC
5214	Concrete or cement work-precast at ground level
5222	Concrete construction--bridges
5225	Reinforcing steel installation
5348	Tile
5403	Carpentry NOC
5432	Carpentry NOC
5436	Hardwood floor laying
5443	Lathing
5446	Wallboard application NOC
5447	Wallboard application NOC
5467	Glaziers
5470	Glaziers
5473	Asbestos abatement

CODE	DESCRIPTION
5474	Painting NOC
5479	Insulation work NOC
5482	Painting NOC
5484	Plastering or stucco work
5485	Plastering or stucco work
5506	Street or road construction--paving
5507	Street or road construction--grading
5538	Sheet metal work--erection NOC
5542	Sheet metal work--erection NOC
5552	Roofing
5553	Roofing
5606	Contractors--executive supervisors
5630	Steel framing--light gauge
5631	Steel framing--light gauge
5632	Steel framing--light gauge
5633	Steel framing--light gauge
5645	Carpentry--private residence construction
5650	Termite control work
5697	Carpentry--private residence construction
5951	Serum
6003	Pile driving
6011	Dam construction NOC
6204	Drilling NOC
6206	Oil or gas wells--cementing
6213	Oil or gas wells--specialty tool operations NOC
6216	Oil or gas lease work NOC
6218	Excavation NOC
6220	Excavation NOC
6233	Oil or gas pipe line construction
6235	Oil or gas wells--drilling
6237	Oil or gas wells--instrument logging or survey
6251	Tunneling
6254	Subway construction
6258	Foundation preparation work
6307	Sewer construction
6308	Sewer construction
6315	Water mains or gas mains construction
6316	Water mains or gas mains construction
6325	Conduit construction
6361	Canal construction
6364	Irrigation pipe installation--agricultural
6400	Fence construction
6504	Confections and food sundries manufacturing NOC
6834	Boat building

CODE	DESCRIPTION
7133	Railroads--NOC--operation and maintenance
7198	Parcel delivery companies
7207	Stables
7219	Truckmen NOC
7232	Mail delivery service companies
7248	Marine appraisers
7272	Water truck service companies
7332	Ambulance services
7360	Freight handlers
7365	Taxicab operations
7382	Bus or limousine operations
7392	Beer or ale dealers
7403	Aircraft operation--scheduled
7405	Aircraft operation--scheduled
7409	Aircraft operation--agricultural flying crew
7410	Aircraft operation--agricultural
7421	Aircraft operation--transportation of personnel
7424	Aircraft operation--flying crew NOC
7428	Aircraft operation--other than scheduled or flying crew
7429	Airport operators
7500	Gas works--all operations
7515	Oil or gas pipe line operation
7520	Waterworks--operation
7538	Electric light or power line construction
7539	Electric light or power companies
7580	Sanitary districts operation
7600	Telecommunications companies--all employees
7601	Telephone
7605	Burglar and fire alarm systems installation
7606	Cable television companies
7607	Video post production--computer or electronic
7610	Radio
7706	Firemen
7707	Firemen-volunteers
7720	Policemen
7721	Detective agencies
7722	Policemen
7855	Railroad construction--laying tracks
8001	Stores--florists
8004	Stores--garden supplies--NOC
8006	Stores--groceries and provisions--retail
8008	Stores--clothing or dry goods
8013	Stores--jewelry
8015	Stores--furniture

CODE	DESCRIPTION
8017	Stores--retail NOC
8018	Stores--wholesale NOC
8019	Printing--quick print shops--all employees
8021	Stores--meat
8028	Equipment or machinery rental yards
8031	Stores--meat
8032	Stores--clothing or dry goods
8039	Stores - department
8041	Stores--wine or spirits
8042	Stores -- floor covering -- wholesale or retail
8046	Stores--automobile accessories
8057	Boat dealers
8059	Stores - ceramic tile -- wholesale or retail
8060	Stores-wine or spirits
8061	Stores - convenience
8062	Stores -- computer -- wholesale or retail
8063	Stores - lighting fixtures -- wholesale or retail
8064	Stores -- office supplies and stationery
8065	Stores -- paint or paint supplies -- wholesale or retail
8066	Stores-bicycles and bicycle accessories
8070	Stores--videotape--rental or sale--retail
8071	Stores -- books -- retail
8102	Seed merchants
8103	Wiping cloth or rag dealers
8106	Iron or steel merchants
8107	Machinery dealers NOC
8110	Stores -- welding supplies -- wholesale or retail
8111	Plumbers' supplies dealers
8113	Oil or gas well supplies dealers-secondhand
8116	Farm machinery dealers
8117	Stores--feed
8204	Building material dealers-secondhand
8209	Vegetables -- fresh vegetable and tomato packing
8215	Hay
8227	Contractor's permanent yards
8232	Lumberyards--commercial
8264	Paper stock dealers
8265	Salvage
8267	Machinery and equipment dealers--secondhand
8278	Racing stables-jockeys
8286	Livestock dealers NOC
8290	Warehouses--self storage--all other employees
8291	Warehouses--cold storage
8292	Warehouses - general merchandise NOC

CODE	DESCRIPTION
8293	Warehouses--furniture
8304	Grain elevator operation
8324	Automobile gasoline stations--retail NOC
8350	Gasoline or oil dealers--wholesale
8387	Automobile or truck service stations
8388	Rubber tire dealers
8389	Automobile or truck repair garages
8390	Automobile van conversion
8391	Automobile or truck dealers-all other employees
8392	Automobile or truck storage garages or parking lots
8393	Automobile or truck body and fender repair and painting
8397	Automobile or truck transmission repair
8400	Motorcycle dealers
8500	Salvage
8601	Engineers--consulting
8631	Racing stables
8720	Inspection for insurance or valuation NOC
8729	Elevator service-no repair
8740	Apartment or condominium complex operations-property management
8741	Real estate agencies--all employees
8742	Salespersons-outside
8743	Mortgage brokers--employees engaged outside of office
8745	News agents or distributors of periodicals
8748	Automobile or automobile truck salespersons
8755	Labor unions
8800	Mailing or addressing companies
8801	Credit unions--all employees
8803	Auditors or accountants
8804	Alcoholic and drug recovery homes
8806	Sheltered workshops
8807	Newspaper publishing--editing
8808	Banks
8810	Clerical office employees NOC
8813	Printing operation -- editing
8818	Newspaper publishing or printing -- editing
8820	Attorneys--all employees
8822	Insurance companies
8823	Residential care facilities for children
8827	Homemaker services
8829	Nursing homes
8830	Institutional employees
8831	Hospitals--veterinary
8834	Physicians
8838	Museums--all employees

CODE	DESCRIPTION
8839	Dentists
8840	Churches--clergy
8846	Printing operation-screen printing-editing
8847	Beverage container collection or redemption
8850	Check cashers - all employees
8851	Congregate living facilities for the elderly
8852	Home infusion therapists--all employees
8859	Computer programming or software development-all employees
8868	Colleges or schools--private professional employees
8875	Public colleges or schools
9007	Apartment or condominium complex operation for seniors
9008	Janitorial services
9009	Building operation--commercial properties--all other employees
9010	Mobile home park operation--all other employees
9011	Apartment or condominium complex operation
9015	Building operation--NOC--all other employees
9016	Amusement parks or exhibitions--maintenance
9031	Pest control
9033	Housing authorities
9043	Hospitals
9048	Camps--all operations
9050	Hotels or motels
9053	Baths--NOC
9059	Day care centers--child
9060	Clubs--country
9061	Clubs NOC
9066	Homeowners associations
9067	YMCA or YWCA institutions--all employees
9069	Clubs--gaming--all employees
9070	Residential care facilities for the elderly-NOC
9079	Restaurants or taverns
9085	Residential care facilities for the developmentally disabled
9092	Bowling centers
9096	Residential cleaning services-by contractors
9097	Swimming pool cleaning and servicing
9101	Colleges or schools--private
9151	Theaters--music ensembles
9154	Theaters--not motion picture
9155	Theaters--motion picture--all employees
9156	Theaters--dance
9180	Amusement parks-operation of amusement devices
9181	Athletic teams or parks--players on salary
9182	Athletic teams or parks--maintenance
9184	Ski resorts

CODE	DESCRIPTION
9185	Carnivals or circuses
9220	Cemetery operation
9402	Sewer cleaning
9403	Garbage or refuse collecting
9410	Municipal or county employees--no manual labor NOC
9420	All other municipal or county employees-laborers NOC
9422	County road districts or departments
9424	Garbage dump operations
9426	Sanitary companies
9501	Painting--shop only
9507	Sign painting or lettering
9516	Television
9519	Household appliances--electrical
9521	House furnishings-installation NOC
9522	Upholstering
9529	Scaffolds
9549	Advertising companies--outdoor
9552	Sign erection or repair--NOC
9586	Barber shops or beauty parlors
9610	Motion pictures--production
9620	Funeral directors

Source: Worker's Compensation Insurance Rating Bureau (WCIRB)

Section P
IAIABC Information

The following information about the International Association of Industrial Accident Boards and Commissions (IAIABC) was produced by the IAIABC. It is reproduced here by permission for users' convenience.

Organizations newly implementing an EDI system may need to obtain documents and/or a user agreement from IAIABC, and are advised to contact that organization for further information. Their website address is www.iaiabc.org.

In particular, the IAIABC asserts ownership of the intellectual property in the EDI transaction standards. It requires that any organization using the standards to transmit workers' compensation data to any state (including California) obtain a license to do so. Contact IAIABC for further information.

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EDI Implementation Guide Order Form P-6

I. HISTORY OF THE IAIABC AND EDI

In April of 1914, just six years after the enactment of the first Workers' Compensation Act in the United States, regulators from federal and state programs gathered in Lansing, Michigan and formed an association. The next year, a Canadian province joined and the International Association of Industrial Accident Boards and Commissions was formed.

Concurrent with the activities of the IAIABC subcommittee reviewing BAIS, the National Association of Insurance Commissioners (NAIC) established a subcommittee to review the subject of data collection. The NAIC subcommittee was established at the same point in time that the IAIABC subcommittee was compiling the results of the second survey directed to the state agencies. Based upon the similarity of purpose in terms of expanded workers' compensation data collection, a joint working group composed of members of the IAIABC subcommittee and the NAIC subcommittee was formed.

In March of 1991, several carriers and associations met with the IAIABC in an effort to truly standardize the electronic reporting process. The result was the formation of the EDI Steering Committee. This working group within the IAIABC proceeded with the concept of moving the data collection project into an implementation phase. At the same time, a technical working group was established—composed primarily of insurance representatives, state agency personnel, and consultants—who have focused on the detail of defining the data elements and developing the format in which the data can be electronically transferred. This group, after reviewing all the various forms presently filed with state agencies, identified distinct phases that the project would follow. These phases reflect the various generic categories into which the various state reporting forms fell and include:

First Report of Injury—the initial report designed to notify the parties of the occurrence of an injury or illness.

Subsequent Payment Record—Consists of forms which gather information when benefit payments begin, case progress information, and paid amounts by benefit type when the claim is concluded.

Medical Data—Develops more refined data pertinent to the dates of service, diagnostic and procedure codes, and costs associated with the providing of medical care.

Vocational Rehabilitation Data—Monitors the incidence of vocational rehabilitation, the outcomes, and the costs associated with it.

Litigation Data—Reflects the incidence of disputes, issues in dispute, outcome results at various adjudication levels, and system costs related to litigation.

Each of these categories represents a separate project phase for the technical working group. Focusing first on the First Report of Injury (FROI), the working groups were able to create a standard reporting format that served the needs of virtually each one of the state agencies.

Efforts have also been directed at establishing the same standardized reporting formats for the Proof of Coverage (POC), the reporting of medical information, and the Subsequent Payment Report which contains all those claim derivatives—including the level and type of benefit payments—that occur following the initial reporting of the claim. Through the passage of time, the transaction standards for FROI and Subsequent

Reports have evolved from a Release I to a Release II version. Differences between those release versions are described briefly below:

Release I: Release I represents the streamlined version of EDI reporting. The Release incorporated basic information contained in the FROI and supplies some of the information concerning the subsequent payment of benefits. It was structured around the information the majority of states collected from the FROI and Initial Payment of Compensation reporting forms. While having the ability to furnish basic data, the structure was limiting in terms of its ability to furnish transactional level detail. Modifications are still being made to Release I, to increase its usability.

Release II: Release II, while perhaps not yet the Cadillac version of EDI-represents a modernized and much improved version of data reporting that utilizes EDI more effectively. The Release addresses many of the problems identified during the implementation phase of Release I, offers increased flexibility in choosing how and when data elements should be reported and adds to the data being collected by furnishing a more complete structure for reporting subsequent payment transactions. The development of Release II was also responsive to the requests of those states that identified explicit data elements that they were required to collect either as a result of legislation or regulation and were not included in Release I.

II. WHAT IS EDI?

EDI consists of standardized business practices that permit the flow of information between organizations without the need for human intervention.

Imagine that an ambitious ant wanted to get from your left hand to your right hand. It would be a long journey for a little ant. Imagine next that you held a string between your fingers. The ant could cross that string and get there much faster in that situation. Finally, imagine that you took the two ends of the string and moved them together.

That is EDI. It is moving the two points together, for instant travel. Using technology, when you communicate with yourself, you are also communicating with all of your necessary trading partners. Someone gathers the information, types it into the computer and the computer does the rest, routing the correct information to the correct systems, regardless of whether the system resides in the room next to you or somewhere across the globe.

EDI is a member of a family of technologies for communicating business messages electronically. This family includes EDI, facsimile, electronic mail, telex, and computer conferencing systems. Technically speaking, EDI is the computer application to computer application exchange of business data in a structured format. In other words, the purpose of EDI is to take information from one company's application and place it in the computer application of another company (or in EDI vocabulary – a trading partner.)

Here are three key components to EDI:

(1) Standards, (2) Software, and (3) Communications.

A. STANDARDS

Within the component of standards, there are three categories.

Transactions sets—a logical grouping of segments used to convey business data (also referred to as simply a document). These replace paper documents or verbal requests.

Data dictionary - defines the meaning of individual pieces of information (a.k.a. data elements) within a transaction set.

Systems-the electronic envelope that all of the information is contained in.

B. SOFTWARE

Software solutions for managing the system will be dictated by communications technology and whether you will be reprogramming existing systems and purchasing a translator, purchasing an off-the-shelf solution, hiring an outside consultant, or using a 3rd party to collect the data.

The EDI translation software component converts the application data to a standard EDI format. The telecommunication software initiates the communication session, establishes protocol, validates security, and transmits

the EDI data. The telecommunication network provides the medium to connect two or more computer environments.

C. COMMUNICATIONS

Communications is the technology that allows data to flow between one computer and another. The EDI telecommunications process involves a computer application to formulate the customized business partner's data. Communications technology is divided into software and network choices. The number of choices depends on the "How" you choose to implement EDI. The two aspects of "How" are:

Communications Technology

Internal Systems Technology

The communications software you choose will be dictated by your choice of communications network and whether you are communicating with the same structure or need a translator between systems. The primary objective of communications relative to EDI is to transport information between business partners in a cost effective and efficient manner. A second critical objective is to assure the privacy and confidentiality of the information while it is being electronically exchanged.

IAIABC EDI Order Form

Return to IAIABC: 1201 Wakarusa Drive, Ste. C-3, Lawrence, KS 66049
Phone: (785) 840-9103 Fax: (785) 840-9107

Available Manuals (Fill In Quantity):
First and Subsequent Reports, Release I
_____Price: $195 (member) _____$395 (non-member)

First and Subsequent Reports, Release II
_____Price: $195 (member) _____$395 (non-member)

Proof of Coverage
_____Price: $195 (member) _____$395 (non-member)

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Shipping Method (Each Book):
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____Proof of Coverage ____Medical Bill/Payment

Members who have purchased an Implementation Guide may download an electronic version of updates at no cost.

(Shipping upon receipt of payment or confirmation of credit card verification information).

Customer Information:

Name:_____

Company:_____

Shipping Address (cannot ship to PO Boxes):_____

City:_____ State:_____
Zip:_____

Phone: _____ Fax:_____

Email:_____

Amount Enclosed: $_____

Method of Payment: **_____ Check** **Check Number: _____**

_____ Credit Card

Credit Card: American Express
Visa
Mastercard

Credit Card # _____

Expiration: _____

Section Q
EDI Terminology

Abbreviations and Acronyms Q-2

EDI Glossary Q-3

Abbreviations and Acronyms

Acronyms and Abbreviations	Definition
AK1	A flat file type used for sending detailed acknowledgements
ANSI	American National Standards Institute
DIR	Department of Industrial Relations
DLSR	Division of Labor Statistics and Research
DOB	Date of Birth
DOI	Date of Injury
DN	Data Number – Identification number assigned to each data element in an IAIABC transaction
DWC	Division of Workers' Compensation
EDI	Electronic Data Interchange
E-mail	Electronic mail
FEIN	Federal Employer Identification Number
FROI	First Report of Injury
IAIABC	International Association of Industrial Accident Boards and Commissions
ICD9	International Classification of Diseases 9th Revision
ISP	Internet Service Provider
JCN	Jurisdiction Claim Number (DN 5)
MTC	Maintenance Type Code (DN 2)
SIC	Standard Industry Codes
SROI	Subsequent Report of Injury
SSL	Secure Sockets Layer
TA	Transaction Accepted (without errors)
TE	Transaction Accepted with Errors
TPA	Third Party Administrator
TP	Trading Partner
TR	Transaction Rejected
VAN	Value-Added Network
WCAB	Workers' Compensation Appeals Board
WCIRB	Workers' Compensation Insurance Rating Bureau of CA
WCIS	Workers' Compensation Information System

EDI Glossary

Acknowledgement	A file sent from WCIS to a trading partner in order to provide feedback on a first or subsequent report batch from that trading partner. This file indicates whether each transaction was accepted, accepted with errors, or rejected. Applicable error codes are provided for each data element.
Agency Claim Number	Release 1 flat-file name for Jurisdiction Claim Number (JCN), DN5. This claim identifier is generated by WCIS at the time a claim record is first created. It must be provided on most transactions throughout the life of the claim.
ANSI X12	An EDI file format in which data elements are strung together continuously, with special data-element identifiers and separator characters delineating individual data elements and records.
Batch	A group of EDI records in ANSI or IAIABC flat format. Each batch consists of a header record, one or more transaction records containing claim data, and a trailer record.
Benefit Event	An event that triggers a report. Example: Benefits are starting and a first payment is made – an IP Report would be sent.
Benefit Period	an uninterrupted period of benefit payments for a particular Benefit Type Code (BTC).
Claim Administrator	A self-administered insurer, third party administrator, or self-insured, self-administered employer legally responsible for proper handling of a workers' compensation claims.
Data Element	A piece of information to be included in an EDI file. Examples include date of injury, last name, or Maintenance Type Code (MTC). An IAIABC flat-file data element can also be referenced by its "data number" (DN). For example, the Maintenance Type Code is also referred to as "DN 2".
Digital Certificate	Files issued by a certified security authority (such as VeriSign, Inc.), used to verify signatures on digitally signed mail and to send encrypted e-mail. Once the sender and receiver have exchanged valid digital certificates, all email between them can be encrypted automatically.

File Format	The manner in which data elements are organized in a file. The two file formats accepted by WCIS are the IAIABC flat file and the ANSI X12 format.
Flat File	An EDI file format in which data elements are placed in assigned positions within each record. Different records are presented on separate lines of the EDI file. Proprietary flat file standards for use in workers' compensation have been developed by the IAIABC.
First Report of Injury (FROI)	A class of EDI transactions that include the same data provided on the paper First Report of Injury or Illness (California Form 5020).
Full Variance	Permission for a trading partner to delay reporting of all data elements required under the WCIS regulations. A full variance can cover first reports of injury, subsequent reports of injury, or both.
Jurisdiction Claim Number (JCN)	This claim identifier is generated by WCIS at the time a claim record is first created in the database. It is data element DN 5 in the flat-file format. The JCN must be provided on most transactions throughout the life of the claim. In Release 1, this data element was called "Agency Claim Number."
Header Record	The first record in a formatted EDI file, which identifies the sender, receiver, and file format version used. The header and trailer records combine to create an "envelope" surrounding a batch of transactions.
IAIABC	The International Association of Industrial Accident Boards and Commissions, an organization that develops Electronic Data Interchange standards for use in workers' compensation.
Maintenance Type Code (MTC)	The IAIABC flat-file data element that identifies the business objective of a given EDI transaction. (ANSI equivalent is Purpose Code.)
Partial Variance	Permission for a trading partner to delay reporting of a specified subset of data elements required under the WCIS regulations. A partial variance can cover first reports of injury, subsequent reports of injury, or both.

Pilot Phase	The period during which a trading partner is demonstrating their ability to send data via EDI that is "complete, valid, and accurate" (see WCIS regulations). This stage begins when the trading partner has passed the test stage, and ends when the trading partner has been approved for production status.
Production Phase	The period that begins when a trading partner has demonstrated the ability to send complete, valid, and accurate data for a given class of reports via EDI. This follows successful completion of the test and pilot phases. Claims administrators granted production status for First Reports are no longer required to send paper Employer's Reports (Form 5020) to DLSR. Claims administrators granted production status for Subsequent Reports satisfy the requirement to submit paper Benefit Notices to the Division.
Purpose Code	The ANSI data element that identifies the business objective of a given EDI transaction. (IAIABC flat-file equivalent is *Maintenance Type Code, MTC*.)
Receiver	The trading partner receiving EDI transmissions.
Release 1	A set of workers' compensation EDI data specifications released by the IAIABC in August, 1995.
Release 2	A revised set of workers' compensation EDI data specifications released by the IAIABC in November, 1998. Release 2 introduced many new data elements, while redefining others to improve clarity.
Report	Often used synonymously with "transaction".
Sender	The trading partner sending EDI transmissions.
Subsequent Report of Injury (SROI)	A class of EDI transactions that include the types of data provided on California benefit notices. WCIS regulations stipulate when these transactions are required. For example, SROI are to be provided whenever indemnity benefit payments are begun or terminated.
Test Phase	The phase in which a trading partner sends test batches in order to ascertain whether WCIS can read their EDI files. At this phase, WCIS checks the header and trailer record and confirms basic record formats, but does not perform validations on individual data elements. Once this test phase is successfully completed, the trading partner advances to the pilot phase.

Trading Partner	One of the parties exchanging EDI transmissions, either the state jurisdiction, the "claims administrator" (insurer, self-insured employer, or third party administrator), or a collection of claims administrators. Each trading partner providing data to WCIS is expected to complete a Trading Partner Profile form. One such form can cover multiple Claim Administrators whose data will be combined in transactions and which will be considered together for testing, piloting, and data-quality reports. For example, a parent organization with multiple subsidiary claim administrator organizations may wish to combine all its data into transmissions sent from a central office.
Trailer Record	The last record in a formatted EDI file, which indicates a count of transactions contained within the batch. The header and trailer records combine to create an "envelope" surrounding a batch of transactions.
Transaction	A section of a batch file representing a single first report of injury or a single benefit notice for an individual claim.
Transmission	A file in ANSI or IAIABC flat format containing one or more batches of transactions.